

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

**BARRY RANDALL THOMAS,
AIS NO. 178628,**

Plaintiff,

v.

**DR. DARBOUZE, NURSE WILSON,
AND WARDEN DAVENPORT,**

Defendants.

**CIVIL ACTION NO.
2:07-cv-00630-MEF-WC**

**SPECIAL REPORT AND ANSWER OF
DEFENDANTS DR. JEAN DARBOUZE AND NURSE KAY WILSON**

COME NOW, Defendants DR. JEAN DARBOUZE (“Dr. Darbouze”) and NURSE KAY WILSON (“Nurse Wilson” or collectively with Dr. Darbouze, the “Medical Defendants”), pursuant to this Court’s Order dated July 12, 2007, requiring Medical Defendants to provide their Special Report and Answer, and submit the following Special Report and Answer addressing the allegations asserted in the Complaint filed by Plaintiff BARRY RANDALL THOMAS (“Plaintiff”):

I. INITIAL DISCLOSURES

Medical Defendants make the following initial disclosures as required by this Court’s July 12, 2007, Order for Special Report:

- A. The sworn statement of Dr. Jean Darbouze;¹
- B. The sworn statement of Kay Wilson;² and

¹ A true and correct copy of Dr. Jean Darbouze’s affidavit (“Darbouze Aff.”) is attached hereto as **Exhibit A** and incorporated herein by reference.

C. The sworn statement of Beth H. Long with a true and correct copy of pertinent excerpts from Plaintiff's medical records attached thereto.

II. NARRATIVE STATEMENT OF UNDISPUTED FACTS

A. Procedural History

Plaintiff instituted this action against Dr. Darbouze³ and Nurse Wilson⁴ as well as numerous other officers and officials of the Alabama Department of Corrections (collectively, the "Correctional Defendants") on or about July 10, 2007. (See Complaint). As Plaintiff states in his Complaint he "is an inmate in the custody of the Alabama Department of Corrections and is currently incarcerated at Easterling Correctional Facility ["Easterling"] in Clio, Alabama." (Complaint at ¶ 4). Plaintiff's Complaint arises solely out of his disagreement with the course of medical treatment provided by the medical staff at Easterling in response to his complaints of back pain. (See Complaint).

With regard to his alleged back condition, Plaintiff claims his discomfort began "in about 94-95." (Complaint at ¶ 10). According to Plaintiff's Complaint⁵, Plaintiff did not complain

² A true and correct copy of Kay Wilson's affidavit ("Wilson Aff.") is attached hereto as **Exhibit B** and incorporated herein by reference.

³ Dr. Darbouze has been a licensed physician in Alabama since 1996 and has been board certified in internal medicine since 1997. (Darbouze Aff. at ¶ 2). From February of 2000 through February of 2004, and again from April 16, 2004 through the present Dr. Darbouze has served as the Medical Director for Easterling. (Id.).

⁴ Nurse Wilson has been a licensed, registered nurse in Alabama since 1985. (Wilson Aff. at ¶ 2). She holds a Bachelor's Degree in nursing from Troy State University. (Id.). In particular, Nurse Wilson has worked as a nurse at Easterling, since March of 2001. (Id.). Since November 3, 2003, she has been employed as the Health Services Administrator ("H.S.A.") for Easterling. (Id.).

⁵ Plaintiff attempts to offer the Affidavit of another inmate at Easterling Correctional Facility by the name of Andrew Jackson Smith. (See Complaint, Smith Aff.). Smith includes various "credentials" in his purported affidavit, but fails to submit any documentation which demonstrates in any way that he is licensed to practice medicine in the state of Alabama or is otherwise authorized in any way to offer any expert opinion regarding Plaintiff's medical

about back pain again until November 6, 2005, in which he stated his back pain became “intolerable, acute, extreme and chronic . . . radiating like electricity into his legs . . .” (Complaint at ¶ 10). Since November 6, 2005, Plaintiff claims that he has submitted “several ‘sick call’ slips” regarding his alleged back pain. (Complaint at ¶ 10).

Plaintiff claims that he saw Dr. Darbouze “several times” and received the medications Motrin and Flexeril. (Complaint at ¶ 12). With regard to his inclusion of Nurse Wilson in this action, Plaintiff merely states, “Nurse Wilson has seen the Plaintiff at H.C.U., and received his grievance and spoken to him about his condition.” (Complaint at ¶ 13).

Plaintiff explicitly states that his claims against the Medical Defendants are limited to his claim of deliberate indifference brought pursuant to “42 U.S.C. Section 1983.” (Complaint at ¶ 2). Specifically, Plaintiff writes, “[t]he deliberate indifference by Defendants to Plaintiff’s serious medical need resulted in continued pain, suffering, and physical degradation of Plaintiff’s condition depriving him of his rights under due process clause of the Fourteenth Amendment and Eighth Amendment of the U.S. Constitution.” (Complaint at ¶ 20). Plaintiff also alleges that “the medical defendants’ fail[ed] to inquire into facts necessary to make a professional judgment; [provided] inadequate medical evaluations; and deni[ed Plaintiff] to access a specialist qualified to address the Plaintiff’s needs” (Complaint at ¶ 24).

On or about July 10, 2007, Plaintiff filed a “Motion for Preliminary Injunction” in which he sought immediate court intervention with regard to his purported back condition. In his Motion for Preliminary Injunction, Plaintiff expresses concern regarding his current back condition and that such purported condition may “worsen” without injunctive relief. (Motion for

conditions and/or conduct inappropriate evaluation of Plaintiff’s symptoms, conditions and/or other potential problems. (Id.).

Preliminary Injunction at ¶ 2). According to Plaintiff, he is seeking “in essence an order compelling Defendants to perform their pre-existing duties under the U.S. Constitution.” (Motion for Preliminary Injunction at ¶ 3). More specifically, Plaintiff requests in his Motion for Preliminary Injunction “adequate means of aid to mobility (such as wheelchair, walker, and/or cane)” to have Plaintiff evaluated by a specialist and his treatment adhere to; issue profiles as needed [sic] permit jailhouse lawyer assistance and no retaliation.” (Motion for Preliminary Injunction at p. 3).

In the Memorandum submitted in support of his Motion for Preliminary Injunction, Plaintiff claims that his condition has “deteriorated from a point of normal ambulation [sic] to a contorted posture, inability to ambulate and acute chronic pain preventing him from engaging in meaningful activities of daily living.” (Memorandum in Support of Motion for Preliminary Injunction at p. 3). According to Plaintiff, “Dr. Darbouze has failed to make any diagnosis in the case and Plaintiff upon information and belief notes the doctor’s frequent remark that ‘nothing is wrong’ and that Plaintiff is ‘faking.’” (Memorandum in Support of Motion for Preliminary Injunction at p. 4). Though Plaintiff claims that Dr. Darbouze does not possess sufficient “specialized training” to diagnose and/or evaluate Plaintiff’s medical conditions, he fails to identify any specific authority which demonstrates that in this instance Dr. Darbouze is not properly trained in order to make the necessary evaluation of Plaintiff’s medical condition. (Memorandum in Support of Plaintiff’s Motion for Preliminary Injunction at p. 4). Though Plaintiff claims that “[t]he physician must inquire sufficient lead to make a professional judgment,” he does not state what additional inquiry is required. (Memorandum in Support of Plaintiff’s Motion for Preliminary Injunction at p. 6). Plaintiff further alleges that he “requires

additional tests for a diagnosis,” but fails to identify what additional “tests” are required. (Memorandum in Support of Plaintiff’s Motion for Preliminary Injunction at p. 6).

B. The Sick Call Process at Easterling Correctional Facility

When an inmate has a non-emergency medical or health problem and/or complaint, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff at Easterling and/or request medical treatment for this problem. (Wilson Aff. at ¶ 5). The sick call request process is well-known at Easterling and is utilized by inmates at Easterling on a daily basis. (*Id.*). When an inmate first arrives at Easterling, he is taken to the Health Care Unit to be processed into the system and receives an orientation as to the availability of medical services at the facility as well as the procedures for obtaining medical care. (*Id.*). During this orientation, the medical staff gives each inmate an information sheet and verbally goes through the sheet with newly-arriving inmates, informing them how to utilize the sick call request form process. (*Id.*). Sick call request forms are available in the Health Care Unit at the shift commander’s station or may be obtained from the Alabama Department of Corrections (“ADOC”) officer in each dorm at Easterling. (*Id.*).

An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature) and submit the sick call request form by placing it in a locked box located outside the facility’s kitchen (*i.e.*, chow hall). (*Id.*). The sick call request forms are removed from the locked box each day and brought to the Health Care Unit. (*Id.*). Upon retrieving the sick call request forms, the medical staff compiles a list of inmates having submitted a sick call request form, which is sent to the various dorms at Easterling. (*Id.*). Easterling conducts sick call five (5) times per week, Sunday through Friday

excluding holidays or unexpected emergencies. (Id.). Sick call begins at 7:00 p.m. and lasts as long as required to examine all the inmates who report to sick call. (Id.). Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints at the time they are summoned to the Health Care Unit for sick call. (Id.). The number of inmates reporting to sick call each day varies between approximately ten (10) and thirty-five (35). (Id.). The nurse conducting sick call takes reporting inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Easterling. (Id.). If the inmate fails to report to sick call when summoned, this is often indicated in the sick call request form because it is left blank by the medical staff. (Id.). If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-threatening, the medical staff will immediately have the inmate brought to the infirmary (located within the Health Care Unit) and the inmate will be examined and treated by a physician. (Id.).

C. Medical Treatment provided to Plaintiff.

The first reference in Plaintiff's medical records regarding any complaints of lower back pain occurred in 1995. (Darbouze Aff. at ¶ 4; PHS051). Plaintiff submitted a sick call request form dated January 18, 1995, writing, "pain in lower back for past three days" while he was incarcerated at Bullock Correctional Facility. (Id.). Plaintiff was evaluated the following day by the medical staff and was provided with pain medication and muscle relaxers. (Id.). The medical staff at Bullock Correctional Facility specifically noted that an examination of Plaintiff on January 19, 1995, indicated that Plaintiff likely pulled a muscle in his back. (Darbouze Aff. at ¶ 4 and PHS052). After this January 19, 1995, episode of back pain, Plaintiff's complaints ceased completely. (Darbouze Aff. at ¶ 4).

Plaintiff submitted sick call request forms or other similar forms for non-urgent medical attention on July 18, 1996, July 24, 1996, July 25, 1996, August 8, 1996, January 1, 1997, November 2, 1997, January 6, 1998, August 5, 1998, November 29, 1998, January 31, 2001, July 15, 2002, October 14, 2002, October 19, 2002, April 6, 2003, and April 9, 2003. (Darbouze Aff. at ¶ 5 and PHS028, 30, 32, 33, 35, 36, 40, 42, 43, 45, 46, 47, 48, 50, 84-88). As late as April of 2005, Plaintiff attended sick call for other medical complaints, but did not mention any complaints regarding back pain or any other issues with regard to his back. (Darbouze Aff. at ¶ 5 and PHS013). As confirmed in his medical records, Plaintiff did not mention any complaints of back pain for over ten (10) years, i.e. between January 19, 1995, and November 12, 2005. (Darbouze Aff. at ¶ 5 and PHS025, 28, 30, 32, 33, 35, 36, 40, 42, 43, 45, 46, 47, 48, 50, 84-88).

Plaintiff completed a sick call request form dated November 13, 2005, complaining of lower back and left hip pain. (Darbouze Aff. at ¶ 6 and PHS025). After submitting his November 13, 2005, sick call request form, Plaintiff was evaluated by the medical staff at Easterling. (Darbouze Aff. at ¶ 6 and PHS026). After examining Plaintiff, the medical staff was noted that he did not have any physical injuries or obvious signs of trauma to his lower back. (Id.). Plaintiff was referred to Dr. Darbouze for further evaluation and given a prescription for Tylenol. (Id.).

Dr. Darbouze examined Plaintiff on November 18, 2005. (Darbouze Aff. at ¶ 7 and PHS013). During this examination, Plaintiff complained of lower back pain, but denied any weakness, any prior surgeries and/or prior trauma which would in any way cause the complained of back pain. (Id.). Upon examining Plaintiff, Dr. Darbouze only discovered mild muscular tenderness in Plaintiff's lower back and did not note any symptoms or signs which would indicate any type of neurological or other structural defect in Plaintiff's lower back. (Id.). After

examining Plaintiff, Dr. Darbouze ordered that he undergo an x-ray of his lower spine, receive 10 mg of Flexeril three times a day for one week, Tylenol three times a day or as needed for two weeks and Feldene once a day in the evening for fourteen days. (Darbouze Aff. at ¶ 7 and PHS005, 13, 58). Feldene is a non-steroidal anti-inflammatory medication often utilized to reduce pain, swelling and/or stiffness associated with muscular strains, pain and discomfort. (Darbouze Aff. at ¶ 7). In a physician's order dated November 18, 2005, Plaintiff was also instructed to avoid prolonged standing. (Darbouze Aff. at ¶ 7 and PHS005, 111).

Plaintiff underwent an x-ray of his lumbar spine on November 21, 2005. (Darbouze Aff. at ¶ 8). The results of the November 21, 2005, x-ray demonstrated that, “[t]he vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.” (Darbouze Aff. at ¶ 8 and PHS083).

Dr. Darbouze examined Plaintiff again on December 9, 2005. (Darbouze Aff. at ¶ 9 and PHS009). He noted that his lower back pain had not greatly improved and, in fact, worsened after prolonged periods of time standing. (Darbouze Aff. at ¶ 9 and PHS009). Plaintiff requested during the December 9, 2005, appointment that Dr. Darbouze provide him with a profile⁶ allowing him to sit when necessary and directing the correctional staff to allow him to avoid prolonged periods of standing. (*Id.*). In response to this request, Dr. Darbouze provided the requested prolonged standing profile as well as medication (Percogesic, Motrin) and topical cream (Bengay) intended to alleviate his muscular discomfort. (Darbouze Aff. at ¶ 9 and PHS009, 56-57, 110). After this November, 2005, episode of back pain, there were no further complaints of back pain from Plaintiff for approximately 18 months, *i.e.* until May of 2007.

⁶ A “profile” is an order provided by the site physician which allow an inmate to deviate from the standard operating procedures at Easterling. (Wilson Aff. at ¶ 6).

(Darbouze Aff. at ¶ 9). **As such, Plaintiff's most recent complaints of back pain did not start until approximately 3 months ago.** (Darbouze Aff. at ¶¶ 9-10 and PHS024).

In a sick call request form dated May 2, 2007, Plaintiff noted that his lower back pain continued but requested information as to whether there was a "different treatment" or whether the medical staff could "schedule a more sensitive exam – CT or MRI?" (Darbouze Aff. at ¶ 10 and PHS024). Plaintiff was summoned to the health care unit on May 3, 2007, for sick call, but he failed to appear. (Darbouze Aff. at ¶ 10 and PHS101). When Plaintiff underwent his yearly examination on May 11, 2007, the medical staff did note that Plaintiff complained of episodes of "sciatica," but could not identify any specific cause of his back pain. (Darbouze Aff. at ¶ 10 and PHS126).

Plaintiff completed a sick call request form dated May 13, 2007, in which he again complained of "lower back and left leg pain." (Darbouze Aff. at ¶ 11 and PHS022). When Plaintiff reported his sick call on May 13, 2007, Plaintiff stated "my sciatic nerve is bothering me" and informed medical staff that it had been causing pain for approximately "2 months." (Darbouze Aff. at ¶ 11 and PHS023). The Easterling medical staff examined Plaintiff during the May 13, 2007, sick call and noted that Plaintiff walked evenly with a steady gait and complained only of dull, or aching pain to his left lower back. (Id.). At the conclusion of the May 13, 2007, sick call, Plaintiff received 600 mg of Motrin and was referred to Dr. Darbouze for further evaluation. (Darbouze Aff. at ¶ 11 and PHS023, 55).

Dr. Darbouze examined Plaintiff again on May 15, 2007, during which Plaintiff voiced complaints of lower back pain. (Darbouze Aff. at ¶ 12 and PHS012). During the May 15, 2006, examination, Plaintiff did not exhibit any symptoms of any particular spinal condition or disease, only complaining and demonstrating muscle tenderness in the left side of his left back. (Id.). At

the conclusion of the May 15, 2006, examination, Dr. Darbouze prescribed Motrin and Flexeril three times a day for Plaintiff and also directed Plaintiff to utilize only a bottom bunk. (Darbouze Aff. at ¶ 12 and PHS012, 55). Plaintiff received a bottom bunk profile from May 15, 2007, through May 30, 2007. (Darbouze Aff. at ¶ 12 and PHS100).

Plaintiff complained of continuing back pain in a sick call request form dated May 28, 2007. (Darbouze Aff. at ¶ 13 and PHS021). On May 28, 2007, Plaintiff complained that he was unable to put any pressure on his left leg and was immediately brought to the health care unit for evaluation. (Darbouze Aff. at ¶ 14 and PHS099). After being examined by the medical staff at approximately 8:45 a.m. on May 28, 2007, Plaintiff was moved to the infirmary for observation by the medical staff. (Id.). The medical staff noted that after Plaintiff was admitted to the infirmary on the morning of May 28, 2007, he was able to walk around the infirmary with assistance. (Id.). By 12:10 p.m. on May 28, 2007, Plaintiff stated that he felt “better” and that “the pain comes and goes.” (Id.). Plaintiff was released from the infirmary at approximately 12:10 p.m. on May 28, 2007, and was encouraged to remain compliant with his medications. (Id.).

He submitted a second sick call request form dated two days later, in which he complained of continuing back pain and stated that his existing medications, including “pain medications and muscle relaxers,” were not “alleviating symptoms.” (Darbouze Aff. at ¶ 13 and PHS019). Plaintiff was evaluated by the medical staff on May 30, 2007, in which he also complained of lower back pain. (Darbouze Aff. at ¶ 15 and PHS020). During the sick call on May 30, 2007, Plaintiff complained that his back pain had only existed for “3 months.” (Id.). At the conclusion of sick call, Plaintiff refused additional medication and was referred to Dr.

Darbouze. (Id.). Dr. Darbouze provided Plaintiff with a bottom bunk profile, instructing him only to utilize a bottom bunk, beginning on May 30, 2007. (Darbouze Aff. at ¶ 15 and PHS004).

Dr. Darbouze examined Plaintiff on June 5, 2007, and this examination only revealed continuing muscular tenderness in Plaintiff's lower back pain. (Darbouze Aff. at ¶ 16 and PHS012). Dr. Darbouze continued Plaintiff's prescriptions for Motrin, Flexeril and Bengay as well as Plaintiff's order to utilize only a bottom bunk. (Darbouze Aff. at ¶ 16 and PHS004, 12, 53, 96).

When Dr. Darbouze examined Plaintiff on June 8, 2007, Plaintiff complained of continuing back pain, but did not demonstrate any tenderness in any bony section of his spine, only complaining of tenderness in the muscular section of his lower back. (Darbouze Aff. at ¶ 17 and PHS011, 95). At the conclusion of the June 8, 2007, examination, Dr. Darbouze concluded that there was no specific cause of Plaintiff's continued back pain other than muscular tenderness. (Darbouze Aff. at ¶ 17 and PHS011, 95).

Plaintiff received orders to undergo an x-ray of his lower spine as well as crutches on June 8, 2007. (Darbouze Aff. at ¶ 18 and PHS004). Plaintiff underwent an x-ray of his lumbar spine on June 12, 2007. (Darbouze Aff. at ¶ 18 and PHS082). The board-certified radiologist who reviewed the x-ray results of Plaintiff's June 12, 2007, study, concluded as follows, "[t]he vertebrae are well aligned and show no evidence of any fracture or other destructive bone disease." (Darbouze Aff. at ¶ 18 and PHS082).

On June 13 and 17, 2007, Plaintiff submitted a sick call request forms in which he complained of continued back pack. (Darbouze Aff. at ¶ 19 and PHS016, 18). Plaintiff failed to report to sick call on June 14, 2007, when he was summoned to the healthcare unit for examination. (Darbouze Aff. at ¶ 19 and PHS092). When presented with the "release of

responsibility” form, Plaintiff refused to sign the document acknowledging his refusal to attend sick call. (*Id.*). Plaintiff acknowledged receipt of crutches from the medical staff at Easterling on June 15, 2007. (Darbouze Aff. at ¶ 20 and PHS093).

Plaintiff was evaluated by the medical staff again on June 20, 2007. (Darbouze Aff. at ¶ 21 and PHS017). The medical staff noted that, during the June 20, 2007, sick call, Plaintiff walked to the health care unit without any assistance, was able to stand and walk with a slow, steady gait and demonstrated some reduced range of motion. (*Id.*). However, during the June 20, 2007, sick call, Plaintiff’s focused primarily on his request for certain “profiles.” (*Id.*). On June 20, 2007, Plaintiff was referred to Dr. Darbouze for further evaluation. (*Id.*).

Plaintiff was examined by a member of the medical staff on June 22, 2007, and admitted that he had refused an appointment with Dr. Darbouze. (Darbouze Aff. at ¶ 22 and PHS015, 91). On June 25, 2007, the medical staff moved Plaintiff to the infirmary at Dr. Darbouze’s direction for observation and to ensure that he received any assistance necessary from the medical staff at Easterling. (Darbouze Aff. at ¶ 22 and PHS004). Though Plaintiff complained of continued lower back pain and left leg pain during a June 25, 2007, examination, the examination by a member of the medical staff did not reveal any specific causes of his lower back pain. (Darbouze Aff. at ¶ 22 and PHS015). Plaintiff later received a prescription for 400 mg of Motrin two times a day on June 26, 2007. (Darbouze Aff. at ¶ 22 and PHS004).

When examined by the medical staff on June 26, 2007, Plaintiff complained of continuing lower back pain and, when asked when his back pain began, he stated that he “just woke up one day with back pain.” (Darbouze Aff. at ¶ 23 and PHS011). At the conclusion of the June 26, 2007, examination, Plaintiff was instructed to continue his medication regiment as ordered by Dr. Darbouze. (Darbouze Aff. at ¶ 23 and PHS011, 53).

On June 28, 2007, Dr. Darbouze examined Plaintiff and noted that Plaintiff was utilizing a crutch and favoring his left side. (Darbouze Aff. at ¶ 24 and PHS010). During the June 28, 2007, examination, Plaintiff was able to bend over and touch his toes though he persistently protected his left side. (Id.). His medical records clearly recite that, during the June 28, 2007, examination, Plaintiff complained of lower back pain, but did not show any tenderness in his sciatic notch or any type of muscle spasms which would indicate any specific cause for his back pain. (Id.). At the conclusion of the June 28, 2007, examination, Dr. Darbouze noted that there was no objective way to determine if the pain complained of by Plaintiff was “really that intense or a true problem/complaint.” (Id.). Following the June 28, 2007, examination, Dr. Darbouze made minor changes to Plaintiff’s medication regiments. (Id.).

After evaluating Plaintiff on June 28, 2007, Dr. Darbouze discontinued Plaintiff’s prescription for Motrin and Flexeril and ordered Plaintiff to take Naprosyn and Robaxin. (Darbouze Aff. at ¶ 25 and PHS003). All of these medications are commonly prescribed for individuals with recurrent or significant muscular discomfort or pain. (Darbouze Aff. at ¶ 25). Naprosyn, also known as Naproxen, is a form of ibuprofen which is commonly used for muscular pain. (Id.). Robaxin, like Flexeril is a muscle relaxer, which is commonly prescribed for those individuals who suffer from any sort of chronic muscular pain. (Id.). Dr. Darbouze also ordered Plaintiff to be housed in the infirmary for a period of approximately four days, be allowed to utilize crutches for approximately a week and remain in bed to the extent possible except for the occasions when he needed to leave his bed for medication administration and meals. (Darbouze Aff. at ¶ 25 and PHS003).

Dr. Darbouze examined Plaintiff on July 2, 2007, noting some tenderness in Plaintiff’s lower spine, but also noting that the x-ray of Plaintiff’s lower spine was negative. (Darbouze Aff.

at ¶ 27 and PHS008). During this examination, Dr. Darbouze provided him with a prescription for crutches for one week, Tylenol three times a day for two weeks and the muscle relaxer, Flexeril, three times a day for two weeks. (Darbouze Aff. at ¶ 27 and PHS002). Dr. Darbouze also ordered Plaintiff to undergo another x-ray of his lower spine as well as his left and right hips, which also failed to reveal any abnormalities, trauma or other injury or complications with regard to Plaintiff's lower back. (Darbouze Aff. at ¶ 27 and PHS002-3). Plaintiff signed a "receipt of medical equipment/appliance form" on July 2, 2007, acknowledging his receipt of crutches. (Darbouze Aff. at ¶ 27 and PHS089 and 90).

An x-ray was taken of Plaintiff's lumbar spine on July 2, 2007. (Darbouze Aff. at ¶ 28 and PHS073). Though the July 2, 2007, x-ray revealed "slight scoliosis" of Plaintiff's spine, the radiologist reviewing the x-ray results determined that there was no "disk space narrowing" or "evidence of recent fracture or other significant bony abnormality." (Darbouze Aff. at ¶ 28 and PHS073). Based upon the findings of this x-ray, it remains possible that Plaintiff eschewed the results of this x-ray by bending in a particular direction or not have appropriate posture during the x-ray. (Darbouze Aff. at ¶ 28).

Based upon the numerous examinations of Plaintiff, the various diagnostic and imaging testing completed regarding his complaints of back pain, Dr. Darbouze remains confident that his back pain is muscular in origin. (Darbouze Aff. at ¶ 29). Dr. Darbouze's examinations of Plaintiff have not revealed any skeletal or neurological problems which would indicate that his back pain is caused by a malformation or disease of his spine. (Id.). At present, the only objective medical findings available to Dr. Darbouze constitute Plaintiff's x-ray results. (Id.). These x-ray results have been persistently normal, though the most recent results indicate some "slight" scoliosis which would not result in the type of pain described by Plaintiff. (Id.).

In the field of medicine, there is no objective way to test a patient to confirm that he or she is experiencing pain. (*Id.*). In certain instances, extreme pain can be confirmed through tests such as blood pressure tests, but the evaluations of Plaintiff have not shown an fluctuation of his vital signs which would indicate that he is in any degree of traumatic or significant pain to such a degree. (*Id.*). Ultimately, a physician is required to rely upon a patient in many instances to accurately describe pain and discomfort and is without any ability to confirm a patient's subjective descriptions of pain. (*Id.*).

In the case of Plaintiff, Dr. Darbouze does not believe that there are any additional diagnostic or imaging tests which would be beneficial to Plaintiff at this time. (Darbouze Aff. at ¶ 30). Likewise, Dr. Darbouze is not aware of any additional medical treatment of any kind that may be provided by any other physician or specialist which would remedy Plaintiff's discomfort. (*Id.*). Dr. Darbouze's examinations of him have confirmed his conclusion that his pain is primarily, if not entirely, muscular in nature. (*Id.*). Dr. Darbouze has not denied Plaintiff any necessary medical treatment or ignored his complaints to Dr. Darbouze. (*Id.*). Dr. Darbouze has examined Plaintiff on a regular basis and will continue to do so in the future. (*Id.*). Dr. Darbouze has attempted to control his pain through medication and will continue to do so in the future. (*Id.*). Dr. Darbouze is vigilantly attempting to monitor any changes in his condition and, if such changes occur, he will respond in a timely fashion and provide all necessary medical attention and care. (*Id.*). Plaintiff's condition at this time appears to be an instance when future care will depend, in large part, upon the manner in which his condition changes or improves. (*Id.*). Given the history of his back pain, it remains possible that his condition will be remedied over time. (*Id.*).

D. Nurse Wilson's lack of involvement in the treatment of Plaintiff's alleged back condition.

As a registered nurse at Easterling, Nurse Wilson is not authorized to provide or order prescription medication for any inmate unless authorized to do so by a physician. (Wilson Aff. at ¶ 4). Likewise, she is not authorized to diagnose any medical condition suffered by Plaintiff and, in particular, she is not authorized or qualified to consider his complaints of back pain or identify the cause of his complaints of back pain. (Id.). Such decisions or conclusions must be made by his attending physician. (Id.). For these reasons, Nurse Wilson has not at any time attempted to diagnose the cause of Plaintiff's complaints of back pain. (Id.).

Nurse Wilson's involvement with the complaints made by Plaintiff and the attempts by the medical staff at Easterling to identify the cause of his complaints of back pain has been limited to providing responses to one grievance form completed by Plaintiff and received by Nurse Wilson in June of 2007. (Wilson Aff. at ¶ 6). In the grievance form completed by Plaintiff, he complained of back pain and requested a wheelchair and an appointment with a specialist. (Id.). Plaintiff also requested "profiles," which are orders provided by the site physician which allow an inmate to deviate from the standard operating procedures at Easterling. (Id.). In particular, Plaintiff requested a profile from the site physician which ordered him to avoid standing or working and allowed him to use the handicap-accessible shower facility at Easterling. (Id.). As an RN, Nurse Wilson is not authorized to determine whether Plaintiff's medical complaints justified the issuance of the profiles he requested. (Id.). When Nurse Wilson received Plaintiff's first grievance, she promptly reviewed his file and noted that he had been evaluated by Dr. Darbouze within the last week and that Plaintiff had received crutches and a bottom bunk profile from Dr. Darbouze during his last appointment. (Id.). Nurse Wilson also confirmed that Plaintiff had recently submitted a sick call request form and was scheduled for evaluation during the upcoming sick call. (Id.). Given Nurse Wilson's review of his medical

records and the notes from his recent appointment with Dr. Darbouze, it did not appear to Nurse Wilson that Plaintiff's back pain was a medical emergency at that time or that there was anything additional that Nurse Wilson could contribute to the treatment of his back pain, which was not being provided and/or would be provided at the upcoming sick call. (Id.).

Approximately 10 days after Nurse Wilson received Plaintiff's grievance, the medical staff received a grievance appeal from Plaintiff, in which he continued to complain of back pain. (Id.). Nurse Wilson neither received nor reviewed this grievance and was not involved in evaluating the complaints made by Plaintiff in this grievance appeal. (Id.). Another member of the medical staff at Easterling evaluated this grievance appeal, reviewed his medical records and provided a response. (Id.).

Nurse Wilson has not been responsible for conducting any examination or interview of Plaintiff on the occasions he has attended sick call or otherwise appeared in the health care unit at Easterling seeking medical treatment. (Id.). Those tasks were assigned to other members of the medical staff at Easterling. (Id.).

Based upon Nurse Wilson's understanding of Plaintiff's complaints of back pain (both past and present) and the examinations and treatment he has received as of this date, it is evident that Plaintiff has received timely and appropriate medical care. (Wilson Aff. at ¶ 9). Nurse Wilson has not at any time ignored any request by Plaintiff for medical treatment. (Id.). Nurse Wilson has not deliberately ignored Plaintiff's medical complaints or refused to provide Plaintiff with any necessary medical treatment. (Id.). Nurse Wilson has not taken any action which has caused Plaintiff to experience any unnecessary pain and/or suffering. (Id.).

III. DISCUSSION

Plaintiff's dissatisfaction with the medical treatment provided by the Medical Defendants and the absence of any specific medical evidence regarding the cause of his alleged back pain or

any grounds to provide a different course of treatment of his back pain does not automatically equate an Eighth Amendment claim brought pursuant to 42 U.S.C. § 1983. The evidence presented by Medical Defendants clearly establishes that: (1) in response to every complaint voiced by Plaintiff, Dr. Darbouze undertook an evaluation of Plaintiff's complaints, ordered diagnostic testing, provided medication and continued to monitor his condition to attempt to confirm the current diagnosis of his back pain as muscular pain; and (2) Nurse Wilson was not involved in any way in the medical care sought or received by Plaintiff. Moreover, Plaintiff does not allege in his Complaint that he did not receive any medical treatment or attention for his complaints of back pain. Plaintiff's Complaint does not identify any specific instance when he requested medical treatment and any of the Medical Defendants refused to provide him with any necessary medical treatment. In sum, Plaintiff simply claims that he was dissatisfied with the specific treatment prescribed for him and the manner in which such treatment was provided. For these reasons and the reasons stated below, Plaintiff is not entitled to assert a claim for deliberate indifference against Medical Defendants.

On the face of his Complaint Plaintiff acknowledges that his claims against the Medical Defendants sound solely in terms of deliberate indifference pursuant to "42 U.S.C. Section 1983." (Complaint at ¶ 2). In fact, Plaintiff writes, "[t]he deliberant indifference by Defendants to Plaintiff's serious medical need resulted in continued pain, suffering, and physical degradation of Plaintiff's condition depriving him of his rights under due process clause of the Fourteenth Amendment and Eighth Amendment⁷ of the U.S. Constitution." (Complaint at ¶ 20). The Eighth Amendment does not on its face reference in any way any medical care due to incarcerated persons. See e.g. Marsh v. Butler County, Ala., 268 F. 3d 1014, 1038 (11th Cir.

⁷ Notably, the Eighth Amendment applies to the states by virtue of the Fourteenth Amendment's Due Process Clause. Robinson v. California, 370 U.S. 660, 666 (1962).

2001)(*en banc*). In Estelle v. Gamble, 429 U.S. 97(1976), the United States Supreme Court first inferred a prisoner’s “right” to necessary medical care from the text of the Eighth Amendment. In reaching this conclusion, the Estelle Court held that the prohibition against cruel and unusual punishment in the Eighth Amendment prohibits prison officials from acting with “deliberate indifference” with regard to prisoners’ serious medical needs. 429 U.S. at 104. Since Estelle, courts have routinely recognized that the Eighth Amendment⁸ to the United States Constitution governs the conditions of confinement for prisoners and the treatment of these prisoners during the term of their incarceration. Farmer v. Brennan, 511 U.S. 825, 832 (1994) (quoting Helling v. McKinney, 509 U.S. 25, 31 (1993)); see also Whitley v. Albers, 475 U.S. 312, 327 (1986); Rhodes v. Chapman, 452 U.S. 337, 345-46 (1981).

An alleged claim of “deliberate indifference” under the Eighth Amendment may be actionable under 42 U.S.C. § 1983.⁹ See Graham v. Connor, 490 U.S. 386, 393- 94 (1989)(recognizing that § 1983 is not a source of “any substantive right,” but rather provides a means for “vindicating federal rights elsewhere conferred.”). Every claim by a prisoner that he has not received adequate medical treatment does not state a violation of the Eighth Amendment.

⁸ Though liability arising out of the treatment of pretrial detainees triggers Fourteenth Amendment considerations, “the minimum standard for providing medical care to a pre-trial detainee under the Fourteenth Amendment is the same as the minimum standard required by the Eighth Amendment for a convicted prisoner . . .” See Hamm v. DeKalb County, 774 F. 2d 1567, 1573-74 (11th Cir. 1985). To the extent Medical Defendants rely upon any cases addressing the application of the Fourteenth Amendment in the prison context, such cases are equally applicable in this case.

⁹ 42 U.S.C. § 1983 provides, in pertinent part,

Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State of Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivations of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceedings for redress

McElligott v. Foley, 182 F. 3d 1248, 1254 (11th Cir. 1999). Courts have devoted an extraordinary amount of time clearly defining the requirements for asserting and succeeding upon an Eighth Amendment claim under § 1983. Both the Supreme Court and Eleventh Circuit have described the Eighth Amendment standard of deliberate indifference as requiring allegations and evidence of both “objective” and “subjective” components. See e.g. Farmer, 511 U.S. 825 at 834, 837; Chandler v. Crosby, 379 F. 3d 1278, 1289-90 (11th Cir. 2004).

The “objective” component of the Eighth Amendment analysis requires a prisoner to demonstrate the existence of a condition, act or omission which is sufficiently egregious to violate the Eighth Amendment. See Hudson v. McMillian, 503 U.S. 1, 8 (1992). The underlying conduct or condition must be “extreme” and pose “an unreasonable risk of serious damage to his future health,” if left unchecked. Chandler, 379 F. 3d at 1289-90 (quoting Hudson, 503 U.S. at 9) (other citations omitted). At a minimum, a prisoner must allege and establish the existence of “a serious medical need.” Chandler, 379 F. 3d at 1289-90; Farrow v. West, 320 F. 3d 1235, 1243 (11th Cir. 2003). The Eleventh Circuit’s long-standing definition of “serious medical need” is a condition “that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor’s attention.” See e.g. Farrow, 320 F. 3d at 1243 (citing Hill v. DeKalb Reg’l Youth Det. Ctr., 40 F. 3d 1176, 1187 (11th Cir. 1994) (internal quotations omitted)). Additionally, the serious medical need must be such that, if left untreated, “pos[es] a substantial risk of serious harm.” Farmer, 511 U.S. at 834. The burden falls squarely upon Plaintiff to allege and ultimately establish the existence of a serious medical need. See e.g. Hamm v. DeKalb County, 774 F. 2d 1567 (11th Cir. 1985).

Given the allegations in Plaintiff’s Complaint, he fails to provide the Court with any specific grounds to conclude that Plaintiff’s complaints of back pain constitute a “serious

medical need.” (See Complaint). At a minimum, Plaintiff alleges that he is experiencing muscular back pain. It can hardly be said that any experience involving muscular pain rises to the level of a “serious medical need.” More specifically, it can hardly be said that muscular pain constitutes a condition which, if not treated, would pose a “substantial risk of serious harm” to Plaintiff. Based upon the various tests and examinations ordered by Dr. Darbouze and the lack of any specific medical evidence indicating that Plaintiff’s complaints of back pain originate from some significant medical condition, there is no basis to conclude Plaintiff was identified a serious medical need. (See Darbouze Aff.). While the medical staff at Easterling has demonstrated a concern and attention to Plaintiff’s Complaints, there is no evidence, medical or otherwise, of any kind to suggest that his current complaints of muscular back pain rise to the level of a “serious medical need,” which is actionable under § 1983.

Even if Plaintiff’s muscular back pain rises to the level of a serious medical need for purposes of a § 1983 claim, he must also establish the “subjective” component of an Eighth Amendment violation. Plaintiff must prove the Medical Defendants acted with “deliberate indifference.” See e.g. Farmer, 511 U.S. at 837. This subjective component requires evidence the Medical Defendants possessed actual knowledge of “an excessive risk to inmate health or safety” and disregarded that risk. Id. at 837. Evidence demonstrating Medical Defendants failed “to alleviate a significant risk that [they] should have perceived but did not, while no cause for commendation, cannot under our cases be condemned as the infliction of punishment” or serve as a basis for a claim of deliberate indifference. Burks v. Sikes, 169 F. 3d 1353, 1363-1364 (11th Cir. 1999)(other citations omitted); see also Cottrell v. Caldwell, 85 F. 3d 1480, 1491 (11th Cir. 1996) (holding, “[t]here is no liability for ‘an official's failure to alleviate a significant risk that he should have perceived but did not’” (quoting Farmer, 511 U.S. at 838)). Courts summarize

this component as requiring evidence of a “subjectively sufficiently culpable state of mind.” Id. at 1491 (other citations and internal quotations omitted).

It is incumbent upon a prisoner asserting a § 1983 claim to establish “conscious or callous indifference” on the part of the prison official. See e.g. Daniels v. Williams, 474 U.S. 327 (1986); Brown v. Hughes, 894 F. 2d 1533, 1537-38 (11th Cir. 1990). For example, a prisoner’s § 1983 claim for inadequate medical treatment cannot survive summary judgment unless and until the inmate produces evidence “of the prison official’s subjective awareness” of the alleged medical condition and an “intentional refusal [by the official] to provide . . . care.” Id.; Campbell v. Sikes, 169 F. 3d 1353, 1364 (11th Cir. 1999) (quoting Steele v. Shah, 87 F. 3d 1266, 1269 (11th Cir. 1996)); Hill, 40 F. 3d at 1186). Without evidence of this “specific intent,” a prisoner’s § 1983 claim cannot succeed. Steele, 87 F. 3d at 1269.

Courts have devoted a significant amount of time identifying the specific types of allegations which do *not* give rise to the claim of “deliberate indifference.” In declaring the “deliberate indifference” standard for the first time, the Estelle Court wrote, “a complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment.” 429 U.S. at 106. The Eleventh Circuit in Chandler held a prisoner’s discomfort does not give rise to an Eighth Amendment violation. 379 F. 3d at 1295 (citations omitted). Applying Estelle, the Eleventh Circuit also noted that a complaint that prison medical staff should have done more to diagnose and/or treat a prisoner is “at most . . . medical malpractice.” Campbell, 169 F. 3d at 1363. Indeed, the Eighth Amendment does not prohibit or provide any remedy for any “accidental inadequacy . . . or even medical malpractice actionable under state law.” Taylor v. Adams, 221 F. 3d 1254, 1258 (11th Cir. 2000) (quotations and citation omitted). For this reason, medical decisions not to or when to

provide certain types of medical treatment, such as an x-ray, are not actionable as a matter of law under the Eighth Amendment. Id.

In instances when inmates acknowledge treatment but contest the manner in which treatment is provided, courts have applied an altered analysis of claims involving requests for different or alternative types of medical treatment. When an inmate claims “different treatment should have been provided,” such a claim “is tantamount to a medical judgment call,” not an Eighth Amendment violation. McElligott, 182 F. 3d at 1259. In greater detail, the Eleventh Circuit explained in Hamm:

Although Hamm may have desired different modes of treatment, the care the jail provided did not amount to deliberate indifference. See Bass v. Sullivan, 550 F. 2d 229, 231-32 (5th Cir.), cert. denied, 434 U.S. 864, 98 S. Ct. 195, 54 L. Ed. 2d 138 (1977); accord, Westlake v. Lucas, 537 F. 2d 857, 860 n. 5 (1st Cir. 1981) (“*Where a prisoner has received ... medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments and to constitutionalize claims that sound in tort law.*”).

774 F. 2d at 1575 (emphasis supplied).

In this instance, Plaintiff claims medical care and/or attention was not provided to the degree or extent expected by Plaintiff. (See Complaint). In his Complaint, Plaintiff fails to identify any act or omission of any Medical Defendant which would suggest any “intentional refusal [by any Medical Defendant] to provide . . . care.” To the contrary, Plaintiff’s medical records demonstrate that Plaintiff has received significant attention and medical treatment from the medical staff and, in particular, Dr. Darbouze, in their attempts to confirm the cause of his purported back pain.

After Plaintiff complained of lower back pain in January of 1995, he did not voice any other complaints of back pain to the medical staff at any ADOC facility for a period of approximately 10 years, despite numerous other medical complaints made during this

approximate 10-year span. (Darbouze Aff. at ¶¶ 4 and PHS028, 30, 32, 33, 35, 36, 40, 42, 43, 45, 46, 47, 48, 50-52, 84-88). Though Plaintiff's complaints of lower back pain arose again in November and December of 1995, his complaints ceased again for approximately 18 months. (Darbouze Aff. at ¶¶ 6, 7, 9, 10 and PHS005, 9, 13, 25-26, 58, 111). In every instance prior to 2007, when Plaintiff complained of back pain, the medical staff, evaluated his condition, prescribed medication, if appropriate, and ordered imaging studies. There is no evidence that Plaintiff ever voiced any complaints or requested any necessary medical treatment prior to 2007 and did not receive a timely and appropriate response from the medical staff at Easterling.

Like the period of time prior to 2007, Plaintiff's renewed complaints of lower back pain over the course of the last three (3) months have been met with appropriate responses by the medical staff at Easterling, including Dr. Darbouze. Since May 2, 2007, Plaintiff has submitted six sick call request forms regarding back pain, at least two of which were submitted in close proximity in time and addressed during one sick call. (Darbouze Aff. at ¶¶ 10-11, 13, 19 and PHS016, 18, 19, 21, 22, 24). In response to these sick call request forms, Plaintiff attended sick call on three occasions. (Darbouze Aff. at ¶¶ 11-12, 15, 21-23 and PHS011, 15, 17, 20, 21, 23). Plaintiff failed to report to the health care unit on at least two occasions when summoned by the medical staff for evaluation. (Darbouze Aff. at ¶¶ 10, 19 and PHS092, 101). Dr. Darbouze has examined Plaintiff on four occasions since May 2, 2007, and Plaintiff refused a fifth appointment with Dr. Darbouze. (Darbouze Aff. at ¶¶ 12, 16, 17, 22, 24, 27 and PHS008, 010, 11, 12, 15, 91, 95). Over the course of the last 3 months, Plaintiff has received orders from Dr. Darbouze for medication, including Naprosyn, Robaxin, Flexeril, Motrin and Tylenol, Benjay muscle ointment, crutches, x-rays, profiles ordering him to utilize a bottom bunk only, to avoid standing and to avoid any work activities. (Darbouze Aff. at ¶¶ 11-12, 15, 16, 20, 22, 25, 27 and PHS002-

4, 12, 23, 53, 55, 89-90, 93, 96, 100). Probably, most importantly, Plaintiff has undergone x-rays of his lower back on November 21, 2005, June 12, 2007 and July 2, 2007. (Darbouze Aff. at ¶¶ 8, 18, 27, 28 and PHS002-4, 73, 82-83). None of these x-rays provided Dr. Darbouze with any medical evidence that Plaintiff's complaints of back pain result from anything other than muscular pain. (*Id.*). This evidence alone flies in the face of any contention that Dr. Darbouze acted with deliberate indifference or callous disregard towards Plaintiff's complaints or otherwise took or failed to take any steps necessary to properly address Plaintiff's complaints.

The plain and simple fact remains that there is no medical evidence indicating that Dr. Darbouze has (1) identified any specific cause of Plaintiff's complaints of back pain other than muscular pain, and (2) the medical treatment provided to Plaintiff for this muscular pain is inappropriate in any way. (Darbouze Aff. at ¶ 29). Dr. Darbouze's examinations of Plaintiff have not revealed any skeletal or neurological problems which would indicate that his back pain is caused by a malformation or disease of his spine. (Darbouze Aff. at ¶ 29). At most, Plaintiff's Complaint constitutes a generalized set of grievances pertaining to the elective course of treatment prescribed by Dr. Darbouze and such claims, *i.e.* claims of medical malpractice and/or differences in medical opinion, do not constitute a basis to bring any Eighth Amendment claims.

Finally, while it is evident Dr. Darbouze has interacted with Plaintiff regarding his complaints of back pain and provided treatment for these complaints, there is no comparable evidence pertaining to the involvement of Nurse Wilson. First and foremost, Nurse Wilson, as a registered nurse licensed to practice in the State of Alabama, is not even qualified to provide the type of treatment requested by Plaintiff. (Wilson Aff. at ¶ 4). Second, Nurse Wilson's interaction with Plaintiff regarding his complaints of back pain has been limited to providing responses to one grievance form completed by Plaintiff and received by Nurse Wilson in June of

2007. (Wilson Aff. at ¶ 6). In the grievance form completed by Plaintiff, he complained of back pain and requested a wheelchair and an appointment with a specialist. (Id.). Plaintiff also requested “profiles,” which are orders provided by the site physician which allow an inmate to deviate from the standard operating procedures at Easterling. (Id.). In particular, Plaintiff requested a profile from the site physician which ordered him to avoid standing or working and allowed him to use the handicap-accessible shower facility at Easterling. (Id.). When Nurse Wilson received Plaintiff’s first grievance, she promptly reviewed his file and noted that he had been evaluated by Dr. Darbouze within the last week and that Plaintiff had received crutches and a bottom bunk profile from Dr. Darbouze during his last appointment. (Id.). Nurse Wilson also confirmed that Plaintiff had recently submitted a sick call request form and was scheduled for evaluation during the upcoming sick call. (Id.). Given Nurse Wilson’s review of his medical records and the notes from his recent appointment with Dr. Darbouze, it did not appear to Nurse Wilson that Plaintiff’s back pain was a medical emergency at that time or that there was anything additional that Nurse Wilson could contribute to the treatment of his back pain, which was not being provided and/or would be provided at the upcoming sick call. (Id.).

Nurse Wilson has not been responsible for conducting any examination or interview of Plaintiff on the occasions he has attended sick call or otherwise appeared in the health care unit at Easterling seeking medical treatment. (Id.). Those tasks were assigned to other members of the medical staff at Easterling. (Id.). Given the lack of involvement of Nurse Wilson, there is likewise no basis to conclude that Plaintiff can maintain any claim against her for deliberate indifference to his alleged “serious medical need.”

VI. CONCLUSION

Based on the foregoing facts and legal arguments, the Complaint filed by Plaintiff is not entitled to maintain any claim against the Medical Defendants based upon the facts alleged in the Complaint.

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

**BARRY RANDALL THOMAS,
AIS NO. 178628,**

Plaintiff,

v.

**DR. DARBOUZE, NURSE KAY WILSON,
AND WARDEN DAVENPORT,**

Defendants.

**CIVIL ACTION NO.
2:07-cv-00630-MEF-WC**

ANSWER OF DEFENDANTS DR. JEAN DARBOUZE AND NURSE KAY WILSON

COME NOW, Defendants DR. JEAN DARBOUZE (“Dr. Darbouze”) and NURSE KAY WILSON (“Nurse Wilson,” or collectively with Dr. Darbouze, the “Medical Defendants”), and for their Answer to the Complaint filed by Plaintiff BARRY RANDALL THOMAS (“Plaintiff”), state as follows:

FACTUAL ALLEGATIONS

1. To the extent paragraph 1 of Plaintiff’s Complaint constitutes an introductory statement, no response is required of the Medical Defendants. To the extent Plaintiff intends to assert any allegations against the Medical Defendants in paragraph 1 of his Complaint, Medical Defendants deny the allegations asserted in paragraph 1 of Plaintiff’s Complaint and demand strict proof thereof.

2. Medical Defendants deny the allegations asserted in paragraphs 2 and 3 of Plaintiff’s Complaint and demand strict proof thereof.

3. Medical Defendants admit the allegations asserted in paragraphs 4 and 5 of Plaintiff’s Complaint.

4. In response to the allegations asserted in paragraph 6 of Plaintiff's Complaint, Medical Defendants admit that Nurse Wilson is currently an employee of Prison Health Services, Inc. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 6 of Plaintiff's Complaint and demand strict proof thereof.

5. In response to the allegations asserted in paragraph 7 of Plaintiff's Complaint, Medical Defendants admit that Davenport served as the Warden at Easterling Correctional Facility. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 7 of Plaintiff's Complaint and demand strict proof thereof.

6. Medical Defendants deny the allegations asserted in paragraph 8 of Plaintiff's Complaint and demand strict proof thereof.

7. Medical Defendants admit the allegations asserted in paragraph 9 of Plaintiff's Complaint.

8. In response to the allegations asserted in paragraph 10 of Plaintiff's Complaint, Medical Defendants admit that Plaintiff communicated complaints of back pain in January of 1995, and November of 2005, and has submitted sick call request forms regarding his complaints of back pain. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 10 of Plaintiff's Complaint and demand strict proof thereof.

9. Medical Defendants deny the allegations asserted in paragraph 11 of Plaintiff's Complaint and demand strict proof thereof.

10. In response to the allegations asserted in paragraph 12 of Plaintiff's Complaint, Medical Defendants admit that Dr. Darbouze has received Plaintiff's complaints of back pain, evaluated Plaintiff's back, ordered diagnostic testing, prescribed medication for Plaintiff's complaints of back pain and informed Plaintiff that his complaints of back pain are likely muscular in origin. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 12 of Plaintiff's Complaint and demand strict proof thereof.

11. In response to the allegations asserted in paragraph 13 of Plaintiff's Complaint, Medical Defendants admit that Nurse Wilson has responded to a grievance submitted by Plaintiff and has viewed Plaintiff in the area of Easterling known as the health care unit. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 13 of Plaintiff's Complaint and demand strict proof thereof.

12. In response to the allegations asserted in paragraphs 14 and 15 of Plaintiff's Complaint, Medical Defendants state they presently lack sufficient information and/or knowledge to form a belief as to truth of the allegations in paragraphs 14 and 15, and as such, deny them.

13. In response to the allegations asserted in paragraph 16 of Plaintiff's Complaint, Medical Defendants admit that Plaintiff received a crutch from the medical staff. Except as expressly admitted herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 16 of Plaintiff's Complaint and demand strict proof thereof.

14. In response to the allegations asserted in paragraph 17 of Plaintiff's Complaint, Medical Defendants state they presently lack sufficient information and/or knowledge to form a belief as to truth of the allegations in paragraph 17, and as such, deny them.

15. Medical Defendants deny the allegations asserted in paragraph 18 of Plaintiff's Complaint and demand strict proof thereof.

16. In response to the allegations asserted in paragraph 19 of Plaintiff's Complaint, Medical Defendants restate and incorporate each and every response to the allegations asserted in paragraphs 1 through 18 of Plaintiff's Complaint, as if set forth fully herein.

17. Medical Defendants deny the allegations asserted in paragraphs 20 and 24 of Plaintiff's Complaint and demand strict proof thereof.

18. In response to the allegations asserted in paragraph 25 of Plaintiff's Complaint, Medical Defendants admit that Plaintiff submitted two grievances to the medical staff at Easterling in June of 2007 regarding his complaints of back pain. To the extent Plaintiff alleges in paragraph 25 of his Complaint that he submitted a letter to Ruth Naglich and/or Sylvia McQueen, Medical Defendants state they presently lack sufficient information and/or knowledge to form a belief as to truth of the allegations in paragraph 25, and as such, deny them. Except as expressly admitted or otherwise addressed herein above, Medical Defendants deny each and every remaining allegation asserted in paragraph 25 of Plaintiff's Complaint and demand strict proof thereof.

19. Medical Defendants deny the allegations asserted in paragraph 26 of Plaintiff's Complaint and demand strict proof thereof.

20. In response to the allegations asserted in paragraph 27 of Plaintiff's Complaint, Medical Defendants state they presently lack sufficient information and/or knowledge to form a belief as to truth of the allegations in paragraph 27, and as such, deny them.

21. Defendants deny that Plaintiff is entitled to any relief sought in his Complaint.

22. To the extent necessary and/or required by virtue of the Order of this Court and/or the Federal Rules of Civil Procedure, Medical Defendants deny the material allegations asserted in the “Affidavit” attached to Plaintiff’s Complaint.

AFFIRMATIVE AND OTHER DEFENSES

First Defense

Plaintiff’s Complaint fails to state a claim upon which relief can be granted.

Second Defense

Plaintiff’s claims are barred by the doctrine of contributory negligence and/or last clear chance.

Third Defense

Plaintiff’s claims are barred by the doctrine of assumption of risk.

Fourth Defense

Plaintiff’s claims are barred by the doctrine of laches.

Fifth Defense

Plaintiff’s claims are barred by the statute of limitations.

Sixth Defense

Plaintiff’s claims are barred by the doctrine of waiver.

Seventh Defense

The Court lacks subject matter jurisdiction over this dispute.

Eighth Defense

This Court is the improper venue in which to assert this action.

Ninth Defense

Plaintiff lacks standing to bring this action.

Tenth Defense

Plaintiff's claims are barred by the doctrine of unclean hands.

Eleventh Defense

Plaintiff's claims are barred by the doctrine of qualified immunity.

Twelfth Defense

Plaintiff's claims are barred by the doctrine of sovereign immunity.

Thirteenth Defense

Plaintiff's claims are barred by the doctrine of estoppel.

Fourteenth Defense

Plaintiff's claims are barred by the doctrine of *res judicata* and/or collateral estoppel.

Fifteenth Defense

Plaintiff's claims are barred, in whole or in part, because of his failure to mitigate damages.

Sixteenth Defense

Medical Defendants aver that the wrongs and damages alleged by Plaintiff were caused solely by the acts and/or omissions of person and/or entities for whom or which Medical Defendants are not responsible.

Seventeenth Defense

Plaintiff's claims are barred because Medical Defendants did not breach any duty Defendant allegedly owed to Plaintiff.

Eighteenth Defense

Plaintiff's claims are barred because there is no casual relationship, legal or proximate, between Medical Defendants' actions or failures to act and the Plaintiff's alleged injuries and damages.

Nineteenth Defense

Plaintiff's claims are barred because of the existence of superseding, intervening causes.

Twentieth Defense

Plaintiff's claims are barred because of the lack of damages suffered due to any of the alleged wrongs asserted against Medical Defendants.

Twenty-First Defense

Plaintiff's claims are barred because the action asserted is "frivolous, malicious, and fails to state a claim upon which relief can be granted." 42 U.S.C. § 1997e(c)(1) (2005).

Twenty-Second Defense

Plaintiff's claims are barred because the injunctive relief sought is not sufficiently narrowly drawn and/or compliant in any respect with the constraints imposed by the Prison Litigation Reform Act. 18 U.S.C. § 3626(a)(1)(A) (2005).

Twenty-Third Defense

Plaintiff's claims are barred because Medical Defendants did not act with deliberate indifference. Estelle v. Gamble, 429 U.S. 97 (1976).

Twenty-Fourth Defense

Plaintiff's claims are barred because he is seeking to question a medical judgment via injunctive relief.

Twenty-Fifth Defense

To the extent Plaintiff seeks to recover any attorneys' fees, Medical Defendants object to any and all such requests for fees that are not asserted in the Complaint or otherwise approved by court order.

Twenty-Sixth Defense

Plaintiff's claims for punitive damages violate PHS's United States and Alabama constitutional protections from, including without limitation, excessive fines, cruel and unusual punishment, denial of due process and denial of equal protection of the law.

Twenty-Seventh Defense

Medical Defendants reserve the right to assert other defenses as discovery proceeds.

s/ William R. Lunsford

One of the Attorneys for Dr. Jean Darbouze and Kay
Wilson, RN

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CERTIFICATE OF SERVICE

I hereby certify that on the 22nd day of August, 2007, I electronically filed the foregoing with the Clerk of the Court and mailed via regular U.S. mail or via electronic mail (as designated below) to the following:

Barry Randall Thomas
AIS # 178628
Easterling Correctional Facility
200 Wallace Drive
Clio, AL 36017-2613

Tara S. Knee (*via electronic mail*)
Alabama Department of Corrections
Post Office Box 301501
Montgomery, AL 36130-1501

s/ William R. Lunsford

Of Counsel

Exhibit “A”

Affidavit of Dr. Jean Darbouze

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

BARRY RANDALL THOMAS,
AIS NO. 178628,

Plaintiff,

v.

DR. DARBOUZE, NURSE WILSON,
AND WARDEN DAVENPORT,

Defendants.

CIVIL ACTION NO.
2:07-cv-00630-MEF-WC

AFFIDAVIT OF DR. JEAN DARBOUZE

STATE OF ALABAMA)

COUNTY OF BARBOUR)

Before me, the undersigned Notary Public, personally appeared DR. JEAN DARBOUZE who, after being duly sworn, states as follows:

1. My name is Dr. Jean Darbouze. I am over the age of nineteen (19) years and have personal knowledge of the information contained in this affidavit.

2. I have been a licensed physician in Alabama since 1996 and have been board certified in internal medicine since 1997. From February of 2000 through February of 2004, and again from April 16, 2004 through the present, I have served as the Medical Director for Easterling Correctional Facility ("Easterling") in Clio, Alabama. Since November 3, 2003, I have been employed by Prison Health Services, Inc. ("PHS") as the Medical Director at Easterling.

3. I am familiar with Barry Randall Thomas ("Thomas"), an inmate who has been incarcerated at Easterling and who filed this lawsuit. It is my understanding that a true and

correct copy of his medical records are being submitted to the Court concurrently with this Affidavit and my statements below include specific citations to the Bates-labels affixed to the pertinent portions of Mr. Thomas's medical records.

4. Mr. Thomas's complaint of back pain originated in 1995. Mr. Thomas submitted a sick call request form dated January 18, 1995, writing, "pain in lower back for past three days." (PHS051). Mr. Thomas was evaluated the following day by the medical staff and was provided with pain medication and muscle relaxers. (PHS052). The medical staff at Bullock Correctional Facility specifically noted that upon examining Mr. Thomas on January 19, 1995, Mr. Thomas likely pulled a muscle in his back. (PHS052). After this January 19, 1995, episode of back pain, Mr. Thomas's complaints stopped.

5. Mr. Thomas submitted sick call request forms or other similar forms for non-urgent medical attention on July 18, 1996, July 24, 1996, July 25, 1996, August 8, 1996, January 1, 1997, November 2, 1997, January 6, 1998, August 5, 1998, November 29, 1998, January 31, 2001, July 15, 2002, October 14, 2002, October 19, 2002, April 6, 2003, and April 9, 2003. (PHS028, 30, 32, 33, 35, 36, 40, 42, 43, 45, 46, 47, 48, 50, 84-88). In a sick call request form dated April 3, 2004, Mr. Thomas complained of abdominal pain, but did not mention any pain with regard to his lower back. (PHS028). When examined by the medical staff on April 8, 2004, Mr. Thomas did not voice any complaints regarding lower back pain. (PHS014). In a sick call request form dated April 3, 2005, Mr. Thomas did not mention any complaints about lower back pain, but only complained of "constipation." (PHS027). When I examined Mr. Thomas on April 6, 2005, Mr. Thomas did not voice any complaints regarding lower back pain. (PHS013). In fact, Mr. Thomas did not mention any complaints of back pain for over ten (10) years, i.e. between January 19, 1995, and November 12, 2005.

6. Mr. Thomas completed a sick call request form dated November 13, 2005, complaining of lower back and left hip pain. (PHS025). After submitting his November 13, 2005, sick call request form, Mr. Thomas was evaluated by the medical staff. (PHS026). Mr. Thomas was examined by the medical staff during sick call and it was noted that he did not have any physical injuries or obvious signs of trauma to his lower back. (PHS026). Mr. Thomas was referred to me for further evaluation and given a prescription for Tylenol. (PHS026).

7. I examined Mr. Thomas on November 18, 2005. (PHS013). During this examination, Mr. Thomas complained of lower back pain, but denied any weakness, any prior surgeries and/or prior trauma which would in any way cause the complained of back pain. (PHS013). Upon examining Mr. Thomas, I only discovered mild muscular tenderness in Mr. Thomas's lower back and did not note any symptoms or problems which would indicate any type of neurological or other structural defect. (PHS013). After examining Mr. Thomas, I ordered that he undergo an x-ray of his lower spine, receive 10 mg of Flexeril three times a day for one week, Tylenol three times a day or as needed for two weeks and Feldene once a day in the evening for fourteen days. (PHS005, PHS013, PHS058). Feldene is a non-steroidal anti-inflammatory medication often utilized to reduce pain, swelling and/or stiffness associated with muscular strains, pain and discomfort. In a physician's order dated November 18, 2005, Mr. Thomas was also instructed to avoid prolonged standing. (PHS005, PHS111).

8. Mr. Thomas underwent an x-ray of his lumbar spine on November 21, 2005. The results of the November 21, 2005, x-ray demonstrated that, "[t]he vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease." (PHS083).

9. I examined Mr. Thomas again on December 9, 2005. (PHS009). I noted that his lower back pain had not greatly improved and, in fact, worsened after prolonged periods of time

standing. (PHS009). Mr. Thomas requested during the December 9, 2005, appointment that I provide him with a profile allowing him to sit when necessary and directing the correctional staff to allow him to avoid prolonged periods of standing. (PHS009). In response to this request, I provided the requested prolonged standing profile as well as medication (Percogesic, Motrin) and topical cream (Bengay) intended to alleviate his muscular discomfort. (PHS009, PHS056-57, PHS110). After this November, 2005, episode of back pain, there were no further complaints of back pain from Mr. Thomas until May of 2007, just over three months ago.

10. In a sick call request form dated May 2, 2007, Mr. Thomas noted that his lower back pain continued but requested information as to whether there was a "different treatment" or whether the medical staff could "schedule a more sensitive exam – CT or MRI?" (PHS024). Mr. Thomas was summoned to the health care unit on May 3, 2007, for sick call, but he failed to appear. (PHS101). When Mr. Thomas underwent his yearly examination on May 11, 2007, the medical staff did note that Mr. Thomas complained of episodes of "sciatica." (PHS126).

11. Mr. Thomas completed a sick call request form dated May 13, 2007, in which he complained of "lower back and left leg pain." (PHS022). When Mr. Thomas reported his sick call on May 13, 2007, Mr. Thomas stated "my sciatic nerve is bothering me" and informed medical staff that it had been causing pain for approximately "2 months." (PHS023). Medical staff examined Mr. Thomas during the May 13, 2007, sick call and noted that Mr. Thomas walked evenly with a steady gait and complained only of dull, or aching pain to his left lower back. (PHS023). At the conclusion of the May 13, 2007, sick call, Mr. Thomas received 600 mg of Motrin and was referred to me for further evaluation. (PHS023, PHS055).

12. I examined Mr. Thomas again on May 15, 2006, during which Mr. Thomas voiced complaints of lower back pain. (PHS012). During the May 15, 2006, examination, Mr.

Thomas did not exhibit any symptoms of any particular spinal condition or disease, only complaining and demonstrating muscle tenderness in the left side of his left back. (PHS012). At the conclusion of the May 15, 2006, examination, I prescribed Motrin and Flexeril three times a day for Mr. Thomas and also directed Mr. Thomas to utilize only a bottom bunk. (PHS012, PHS055). Mr. Thomas received a bottom bunk profile from May 15, 2007, through May 30, 2007. (PHS100).

13. Mr. Thomas complained of continuing back pain in a sick call request form dated May 28, 2007. (PHS021). He submitted a second sick call request form dated May 30, 2007, in which he complained of continuing back pain and stated that his existing medications, including "pain medications and muscle relaxers," were not "alleviating symptoms." (PHS019).

14. On May 28, 2007, Mr. Thomas complained that he was unable to put any pressure on his left leg and was immediately brought to the healthcare unit for evaluation. (PHS099). After being examined by the medical staff at approximately 8:45 a.m. on May 28, 2007, Mr. Thomas was moved to the infirmary for observation by the medical staff. (PHS099). The medical staff noted that after Mr. Thomas was admitted to the infirmary on the morning of May 28, 2007, he was able to walk around the infirmary with assistance. (PHS099). By 12:10 p.m. on May 28, 2007, Mr. Thomas stated that he felt "better" and that "the pain comes and goes." (PHS099). Mr. Thomas was released from the infirmary at approximately 12:10 p.m. on May 28, 2007, and was encouraged to remain compliant with his medications. (PHS099).

15. Mr. Thomas was evaluated by the medical staff on May 30, 2007, in which he also complained of lower back pain. (PHS020). During the sick call on May 30, 2007, Mr. Thomas complained that his back pain had only existed for "3 months." (PHS020). At the conclusion of sick call, Mr. Thomas refused additional medication and was referred to me.

(PHS020). I provided Mr. Thomas with a bottom bunk profile, instructing him only to utilize a bottom bunk, beginning on May 30, 2007. (PHS004)

16. I examined Mr. Thomas on June 5, 2007, and this examination only revealed continuing muscular tenderness in Mr. Thomas's lower back pain. (PHS012). I continued Mr. Thomas's prescriptions for Motrin, Flexeril and Bengay as well as Mr. Thomas's order to utilize only a bottom bunk. (PHS004, PHS012, PHS096, PHS053).

17. When I examined Mr. Thomas on June 8, 2007, Mr. Thomas complained of continuing back pain, but did not demonstrate any tenderness in any bony section of his spine, only complaining of tenderness in the muscular section of his lower back. (PHS011, PHS095). At the conclusion of the June 8, 2007, examination, I concluded that there was no specific cause of Mr. Thomas's continued back pain other than muscular tenderness. (PHS011, PHS095).

18. Mr. Thomas received orders to undergo an x-ray of his lower spine as well as crutches on June 8, 2007. (PHS004). Mr. Thomas underwent an x-ray of his lumbar spine on June 12, 2007. (PHS082). The board-certified radiologist who reviewed the x-ray results of Mr. Thomas's June 12, 2007, study, concluded as follows, "[t]he vertebrae are well aligned and show no evidence of any fracture or other destructive bone disease." (PHS082).

19. On June 13 and 17, 2007, Mr. Thomas submitted a sick call request forms in which he complained of continued back pack. (PHS016, PHS018). Mr. Thomas failed to report to sick call on June 14, 2007, when he was summoned to the healthcare unit for examination. (PHS092). When presented with the "release of responsibility" form, Mr. Thomas refused to sign the document acknowledging his refusal to attend sick call. (PHS092).

20. Mr. Thomas acknowledged receipt of crutches from the medical staff at Easterling on June 15, 2007. (PHS093).

21. Mr. Thomas was evaluated by the medical staff on June 20, 2007. (PHS017). The medical staff noted that during the June 20, 2007, sick call, Mr. Thomas walked through the health care unit without any assistance, was able to stand and walk with a slow, steady gait and demonstrated some reduced range of motion. (PHS017). However, during the June 20, 2007, sick call, Mr. Thomas's focus primarily on his request for certain exceptions to existing facility protocols which are known as "profiles." (PHS017). On June 20, 2007, Mr. Thomas was referred to me for further evaluation. (PHS017).

22. Mr. Thomas was examined by a member of the medical staff on June 22, 2007, and admitted that he had refused an appointment with me. (PHS015, PHS091). On June 25, 2007, Mr. Thomas was moved to the infirmary at my direction for observation and to ensure that he received any assistance necessary from the medical staff at Easterling. (PHS004). Though Mr. Thomas complained of continued lower back pain and left leg pain during a June 25, 2007, examination, the examination by a member of the medical staff did not reveal any specific causes of his lower back pain. (PHS015). Mr. Thomas later received a prescription for 400 mg of Motrin two times a day on June 26, 2007. (PHS004).

23. When examined by the medical staff on June 26, 2007, Mr. Thomas complained of continuing lower back pain and, when asked when his back pain began, he stated that he "just woke up one day with back pain." (PHS011). At the conclusion of the June 26, 2007, examination, Mr. Thomas was instructed to continue his medication regiment as ordered by me. (PHS011, PHS053).

24. On June 28, 2007, I examined Mr. Thomas and noted that Mr. Thomas was utilizing a crutch and favoring his left side. (PHS010). During the June 28, 2007, examination, Mr. Thomas was able to bend over and touch his toes though he persistently protected his left

side. (PHS010). His medical records clearly recite that during the June 28, 2007, examination, Mr. Thomas complained of lower back pain, but did not show any tenderness in his sciatic notch or any type of muscle spasms which would indicate any specific cause for his back pain. At the conclusion of the June 28, 2007, examination, I noted that there was no objective way to determine if the pain complained of by Mr. Thomas was "really that intense or a true problem/complaint." (PHS010). Following the June 28, 2007, examination, we made minor changes to Mr. Thomas's medication regiments. (PHS010).

25. After evaluating Mr. Thomas on June 28, 2007, I discontinued Mr. Thomas's prescription for Motrin and Flexeril and ordered Mr. Thomas to take Naprosyn and Robaxin. (PHS003). All of these medications are commonly prescribed for individuals with recurrent or significant muscular discomfort or pain. Naprosyn, also known as Naproxen, is a form of ibuprofen which is commonly used for muscular pain. Robaxin, like Flexeril is a muscle relaxer, which is commonly prescribed for those individuals who suffer from any sort of chronic muscular pain. I also ordered Mr. Thomas to be housed in the infirmary for a period of approximately four days, be allowed to utilize crutches for approximately a week and remain in bed to the extent possible except for the occasions when he needed to leave his bed for medication administration and meals. (PHS003).

26. I entered orders for Mr. Thomas to receive Tylenol immediately in addition to his other medications on June 30, 2007 and July 1, 2007. (PHS003, PHS054).

27. I examined Mr. Thomas on July 2, 2007 noting some tenderness Mr. Thomas's lower spine, but also noting that the x-ray of Mr. Thomas's lower spine was negative. (PHS008). During this examination, I provided him with a prescription for crutches for one week, Tylenol three times a day for two weeks and the muscle relaxer, Flexeril, three times a day for two

weeks. (PHS002). I also ordered Mr. Thomas to undergo another x-ray of his lower spine as well as his left and right hips, which also failed to reveal any abnormalities, trauma or other injury or complications with regard to Mr. Thomas's lower back. (PHS002-PHS003). Mr. Thomas signed a "receipt of medical equipment/appliance form" on July 2, 2007, acknowledging his receipt of crutches. (PHS089 and 90).

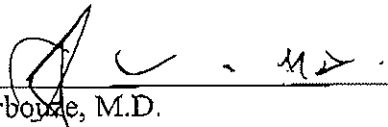
28. An x-ray was taken of Mr. Thomas's lumbar spine on July 2, 2007. (PHS073). Though the July 2, 2007, x-ray revealed "slight scoliosis" of Mr. Thomas's spine, the radiologist reviewing the x-ray results determined that there was no "disk space narrowing" or "evidence of recent fracture or other significant bony abnormality." (PHS073). Based upon the findings of this x-ray, it remains possible that Mr. Thomas eschewed the results of this x-ray by bending in a particular direction or not have appropriate posture during the x-ray.

29. Based upon the numerous examinations of Mr. Thomas, the various diagnostic and imaging testing completed regarding his complaints of back pain, I remain confident that his back pain is muscular in origin. My examinations of Mr. Thomas have not revealed any skeletal or neurological problems which would indicate that his back pain is caused by a malformation or disease of his spine. At present, the only objective medical findings available to us constitute Mr. Thomas's x-ray results. These x-ray results have been persistently normal, though the most recent results indicate some "slight" scoliosis which would not result in the type of pain described by Mr. Thomas. In the field of medicine, there is no objective way to test a patient to confirm that he or she is experiencing pain. In certain instances, extreme pain can be confirmed through tests such as blood pressure tests, but the evaluations of Mr. Thomas have not shown an fluctuation of his vital signs which would indicate that he is in any degree of traumatic or significant pain to such a degree. Ultimately, a physician is required to rely upon a patient in

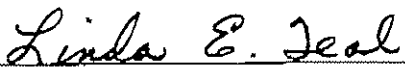
many instances to accurately describe pain and discomfort and is without any ability to confirm a patient's subjective descriptions of pain.

30. In the case of Mr. Thomas, I do not believe that there are any additional diagnostic or imaging tests which would be beneficial to Mr. Thomas at this time. Likewise, I am not aware of any additional medical treatment of any kind that may be provided by any other physician or specialist which would remedy Mr. Thomas's discomfort. My examinations of him have confirmed my conclusion that his pain is primarily, if not entirely, muscular in nature. I have not denied Mr. Thomas any necessary medical treatment or ignored his complaints to me. I have examined Mr. Thomas on a regular basis and will continue to do so in the future. I have attempted to control his pain through medication and will continue to do so in the future. I am vigilantly attempting to monitor any changes in his condition and, if such changes occur, we will respond in a timely fashion and provide all necessary medical attention and care. Thomas's condition at this time appears to be an instance when future care will depend, in large part, upon the manner in which his condition changes or improves. Given the history of his back pain, it remains possible that his condition will be remedied over time.

Further affiant saith not.


Jean Darbonne, M.D.

SWORN TO and SUBSCRIBED before this the 22nd day of August, 2007.


Linda E. Jeal

Notary Public

My Commission Expires: 7-11-11

(SEAL)

Exhibit “B”

Affidavit of Kay Wilson, RN, H.S.A.

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

BARRY RANDALL THOMAS,
AIS NO. 178628,

Plaintiff,

v.

DR. DARBOUZE, NURSE WILSON,
AND WARDEN DAVENPORT,

Defendants.

CIVIL ACTION NO.
2:07-cv-00630-MEF-WC

AFFIDAVIT OF KAY WILSON, R.N., H.S.A.

STATE OF ALABAMA)

COUNTY OF BARBOUR)

Before me, the undersigned Notary Public, personally appeared KAY WILSON, R.N.,
H.S.A., who, after being duly sworn, states as follows:

1. My name is Nurse Kay Wilson. I am over the age of nineteen (19) years and have
personal knowledge of the information contained in this affidavit.

2. I have been a licensed, registered nurse in Alabama since 1985. I hold a
Bachelor's Degree in nursing from Troy State University. Since 1985, I have practiced nursing
in a variety of positions and settings. In particular, I have worked as a nurse at Easterling
Correctional Facility in Clio, Alabama, since March of 2001. Since November 3, 2003, I have
been employed as the Health Services Administrator (H.S.A.) for Easterling Correctional Facility
("Easterling") by Prison Health Services, Inc., the company which is currently under contract
with the Alabama Department of Corrections to provide medical services to inmates in Alabama.

3. I am familiar with Barry Randall Thomas ("Thomas") who has been incarcerated at Easterling.

4. As a registered nurse at Easterling, I am not authorized to provide or order prescription medication for any inmate unless authorized to do so by a physician. Likewise, I am not authorized to diagnose any medical condition suffered by Mr. Thomas and, in particular, I am not authorized or qualified to consider his complaints of back pain or identify the cause of his complaints of back pain. Such decisions or conclusions must be made by his attending physician. I have not at any time attempted to diagnose the cause of Mr. Thomas's complaints of back pain.

5. When an inmate has a non-emergency medical or health problem and/or complaint, an inmate may file a sick call request form in order to bring this problem or complaint to the attention of the medical staff at Easterling and/or request medical treatment for this problem. The sick call request process is well-known at Easterling and is utilized by inmates at Easterling on a daily basis. When an inmate first arrives at Easterling, he is taken to the Health Care Unit to be processed into the system and receives an orientation as to the availability of medical services at the facility as well as the procedures for obtaining medical care. During this orientation, the medical staff gives each inmate an information sheet and verbally goes through the sheet with newly-arriving inmates, informing them how to utilize the sick call request form process. Sick call request forms are available in the Health Care Unit at the shift commander's station or may be obtained from the Alabama Department of Corrections ("ADOC") officer in each dorm at Easterling. An inmate making a sick call request is required to complete the top portion of the sick call request form (stating his name, the date of request, AIS number, date of birth, dorm location, the nature of the problem or request and his signature) and submit the sick

call request form by placing it in a locked box located outside the facility's kitchen (i.e., chow hall). The sick call request forms are removed from the locked box each day and brought to the Health Care Unit. Upon retrieving the sick call request forms, the medical staff compiles a list of inmates having submitted a sick call request form, which is sent to the various dorms at Easterling. Easterling conducts sick call five (5) times per week, Sunday through Friday excluding holidays or unexpected emergencies. Sick call begins at 7:00 p.m. and lasts as long as required to examine all the inmates who report to sick call. Inmates who submit sick call request forms are responsible for reporting to the Health Care Unit for evaluation of their complaints at the time they are summoned to the Health Care Unit for sick call. The number of inmates reporting to sick call each day varies between approximately ten (10) and thirty-five (35). The nurse conducting sick call takes reporting inmates' vital signs and either: (1) provides an inmate with medical treatment that can be provided under the nursing protocols, or (2) refers the inmate to the physician or nurse practitioner on staff at Easterling. If the inmate fails to report to sick call when summoned, this is often indicated in the sick call request form because it is left blank by the medical staff. If the medical complaints or problems identified by an inmate in a sick call request form appear to be urgent or life-threatening, the medical staff will immediately have the inmate brought to the infirmary (located within the Health Care Unit) and the inmate will be examined and treated by a physician.

6. My involvement with the complaints made by Mr. Thomas and the attempts by the medical staff at Easterling to identify the cause of his complaints of back pain have been limited to providing responses to one grievance form completed by Mr. Thomas and received by me in June of 2007. In the grievance form completed by Mr. Thomas, he complained of back pain and requested a wheelchair and an appointment with a specialist. Mr. Thomas also

requested "profiles," which are orders provided by the site physician which allow an inmate to deviate from the standard operating procedures at Easterling. In particular, Mr. Thomas requested a profile from the site physician which ordered him to avoid standing or working and allowed him to use the handicap-accessible shower facility at Easterling. As an RN, I am not authorized to determine whether Mr. Thomas's medical complaints justified the issuance of the profiles he requested. When I received Mr. Thomas's first grievance, I promptly reviewed his file and noted that he had been evaluated by Dr. Darbouze within the last week and that Mr. Thomas had received crutches and a bottom bunk profile from Dr. Darbouze during his last appointment. I also confirmed that Mr. Thomas had recently submitted a sick call request form and was scheduled for evaluation during the upcoming sick call. Given my review of his medical records and the notes from his recent appointment with Dr. Darbouze, it did not appear to me that Mr. Thomas's back pain was a medical emergency at that time or that there was anything additional that I could contribute to the treatment of his back pain, which was not being provided and/or would be provided at the upcoming sick call.

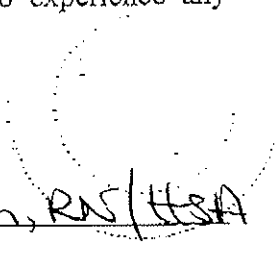
7. Approximately 10 days after I received Plaintiff's grievance, the medical staff received a grievance appeal from Mr. Thomas, in which he continued to complain of back pain. I neither received nor reviewed this grievance and was not involved in evaluating the complaints made by Mr. Thomas in this grievance appeal. Another member of the medical staff at Easterling evaluated this grievance appeal, reviewed his medical records and provided a response.

8. I have not been responsible for conducting any examination or interview of Mr. Thomas on the occasions he has attended sick call or otherwise appeared in the health care unit

at Easterling seeking medical treatment. Those tasks were assigned to other members of the medical staff at Easterling.

9. Based upon my understanding of Mr. Thomas's complaints of back pain (both past and present) and the examinations and treatment he has received as of this date, it is evident that Mr. Thomas has received timely and appropriate medical care. I have not at any time ignored any request by Mr. Thomas for medical treatment. I have not deliberately ignored Mr. Thomas's medical complaints or refused to provide Mr. Thomas with any necessary medical treatment. I have not taken any action which has caused Mr. Thomas to experience any unnecessary pain and/or suffering.

Further affiant saith not.


Kay Wilson, R.N., H.S.A.
Kay Wilson, R.N., H.S.A.

SWORN TO and SUBSCRIBED before this the 22nd day of August, 2007.

(SEAL)

Linda E. Deal
Notary Public
My Commission Expires: 7-11-11

Exhibit “C”

Affidavit of Beth H. Long with a true and correct copy of
pertinent excerpts from Plaintiff’s medical records bates
labeled PHS001 – PHS133

AFFIDAVIT

STATE OF ALABAMA)

Barbour COUNTY)

I, Beth H Long, hereby certify and affirm that I am a Medical Records Clerk, at Easterling Correctional Facility; that I am one of the custodians of medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain medical records maintained here in the institution medical file of one Barry Randall Thomas, AIS# 178628; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at Prison Health Service - ECF; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 27th day of July, 2007

Beth H Long

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE

27th Day of July, 2007

Linda E. Seal

Notary Public

7-11-11

My Commission Expires



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry	DIAGNOSIS (If Chg'd)
D.O.B. 1/20/66	Discontinue previous order for the 1 week
ALLERGIES: NKA	Discontinue Roxid
Use Fourth Date 7/5/07	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry	DIAGNOSIS (If Chg'd) LBP
D.O.B. 1/20/66	Naproxen 375mg to BID x2 weeks
ALLERGIES: NKA	Discontinue to Roxid
Use Third Date 7/2/07	for 1 week
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry	DIAGNOSIS (If Chg'd) LBP
D.O.B. 1/20/66	PSA, DR III
ALLERGIES: NKA	Cantors X 1 week
Use Second Date 7/2/07	Tylenol 1g to TID x2 weeks
	Floxacin 100mg to TID x2 weeks
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry	DIAGNOSIS LBP
D.O.B. 1/20/66	X Ray of L-S spine
ALLERGIES: NKA	X Ray of R and L hip
Use First Date 7/2/07	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY

PHS002



PHYSICIANS' ORDERS

NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Last Date 7/11/07	DIAGNOSIS (If Chg'd) Tylenol 1g po. now: 2 bid x 240 v10 Dr. Darbourne/L. Ewin <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Fourth Date 6/30/07	DIAGNOSIS (If Chg'd) Tylenol 1gm po X 1 dose now <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Third Date 6/28/07	DIAGNOSIS (If Chg'd) (8) LAG in X 3 days 1/2 cup for mess, chow. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Second Date 6/28/07	DIAGNOSIS (If Chg'd) (5) In house U.A (6) Cont in infirmary until Monday. (7) 1 pin of Dutcha X 7 days - show proper usage <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use First Date 6/28/07	DIAGNOSIS (1) D/L Motrin (2) NA pro syn 325 TID X 30 days (3) D/L Flexeril (4) Robaxin 500mg BID X 10 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY

PHS003



PHYSICIANS' ORDERS

NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Last Date 6/26/07	DIAGNOSIS (If Chg'd) Meth 400mg BID prn X 2 day Floyd / <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NILDA Use Fourth Date 6/25/07	DIAGNOSIS (If Chg'd) Pain in infermary for observation and assistance as needed & PRN until seen by provider. Document on pt. Phone order Dr. McQueen / Colman <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Third Date 6/18/07	DIAGNOSIS (If Chg'd) LBP / Myalgia Catch x 1 week x-ray of L-S spine Discharge to hospital <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use Second Date 6/15/07	DIAGNOSIS (If Chg'd) LBP BBP X 2 weeks Meth 600mg po TID prn X 14 days Pleco 10mg po TID prn X 14 days Bengay mt BID prn X 5 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKA Use First Date 5/30/07	DIAGNOSIS Continue Bottom Bunk, prn until seen by MD on 6-5-07 w Dr. Dardane / Colman <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Thomas Barry D.O.B. 11/20/66 ALLERGIES: NKDA Use Last Date 11/18/05	DIAGNOSIS (If Chg'd) 1/2 3 weeks No prolonged standing x 2 week <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry # 178628 D.O.B. 11/20/66 ALLERGIES: NKDA Use Fourth Date 11/18/05	DIAGNOSIS (If Chg'd) x-ray L-S spine Feldene 20mg Po QPM x 14 days PRN Tylenol 1g Po TID PRN x 14 days Flexeril 10mg Po TID PRN x 7 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKDA Use Third Date 11/16/05	DIAGNOSIS (If Chg'd) Constipation MOM 2000 Po x 1 Dulcolax 10 Po x 1 Dulcolax 100mg Po QD x 14 days <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry 178628 D.O.B. 11/20/66 ALLERGIES: NKDA Use Second Date 11/23/04	DIAGNOSIS (If Chg'd) DC chronic case Lab work - Diag. Profile II - 048827 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Thomas Barry #178628 D.O.B. 11/20/66 ALLERGIES: NKDA Use First Date 8/18/04	DIAGNOSIS DC loped DC chronic case Lab work - Diag. Profile II - 048827 <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME: <u>Thomas, Barry</u> <u># 178628</u> D.O.B. <u>4/20/66</u> ALLERGIES: <u>NKA</u> Use Last Date <u>8/18/04</u>	DIAGNOSIS (If Chg'd) <u>Lipid 600mg. i po BID</u> <u>x 1 year</u> <u>no Dr. Darkhouse / Kewelson RN</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) <u>Lipid 600mg. i po BID x</u> <u>90 days</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <u>Thomas - Barry</u> D.O.B. <u>11/20/66</u> ALLERGIES: <u>NKA</u> Use Third Date <u>6/26/2007</u>	DIAGNOSIS (If Chg'd) <u>Lipid 600mg i po BID x 90 days</u> <u>DK Darkhouse / Kewelson RN</u> <u>Start 6-26-2007 - 9-24-2007</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <u>Thomas, Barry</u> <u>178628</u> D.O.B. <u>11/20/66</u> ALLERGIES: <u>NKA</u> Use Second Date <u>4/15/04</u>	DIAGNOSIS (If Chg'd) <u>Lipid 600mg i po BID x 90d KOP</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <u>Thomas Barry</u> <u>178628</u> D.O.B. <u>11/20/66</u> ALLERGIES: <u>NKA</u> Use First Date <u>4/8/04</u>	DIAGNOSIS <u>Went solution to Trunk BID</u> <u>x 6 weeks</u> <u>Drug Abuse II 09/8827, seal rate</u> <u>Stool x 3 herewith flag on chart</u> <u>metamora 3.4 gm in 10 oz liquid po QD</u> <u>KOP x 3 mos</u> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY

NC002

NC002

NC002

PHS007



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
7/2/07	Thomas, Barry	11/20/66
8/25	WT 153 BP 134/86 P III R L8 T 97	
	Intimacy	02 sat 9/10
	40 mm of pain to 2 lower back → L leg X	
	few years, worse over the past few months, 2-3	
	times, lying / standing	
	0. note, x-ray	
	L spine: on index over the L-S vertebrae.	
	fine tenderness over the L paraspinal muscles,	
	ROM limited by up back / stiffness	
	straight leg raising: -	
	Neuro: intact.	
	X-ray L spine 8/8/07: negative.	
1/2	last likely 20 to spine.	
	the center by.	
	- report X-ray	
	- ROM 20-25°	
	- 1 week	
7/5/07	X-ray of L spine: neg.	
	the center by.	
	discontinue the appt.	
	Rtc Real	



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
12-9-05	Thomas Barry	11/120/66
176 #	974 P106 16	11/8/78
2	<p>By lower back pain. % not getting my relief from the power, Meds. - % L&P → in leg - argument for the physical therapy w/ file</p>	
1-10-06	<p>NOTE: v12 L spine in touch not good - with % pain Nurse: what X-ray: NAT</p>	
4/1/06	<p>L dr: Mr. Barry, when T12 had Barry B1 > P106 etc. P106</p>	

Date/Time

Inmate's Name:

D.O.B.:

/ /

6/28/07

Worked as a printer mostly.

① walk c crutch favor (L) side
lean to R side.

st. leg (R) on (L).

φ Sciatic notch tenderness

- flex is both lower to chest but more
not stronger but (L) leg
(bow sign +)

- L-S spine TTP L4-5

- bend over to touch toes protruding
(L) side.

- φ para vertebral muscle span to
this disorder.

(A) Low Back pain c (L) leg pain? Also
Lumbar spine wnl

(P) Pt pretty consistent to finding on (L) but
can't tell if it is really that intense
or a true problem/complication

(C) POC - c minor change in mass. *[Signature]*



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
6/8/07 7 ^{PM}	Thomas Barry	11/20/66
6/8/07 7 ^{PM}	INP/BC	
	WT 160 B/p 128/80 p 105 R18 T98' O ₂ 96%	
	cl. pain to the L lower back - no radiating with no associated weakness/numbness/loss of sensation states not to be able to walk early in AM	
0.	NAR. V82	
	L spine = + tenderness & paraspinal muscle, more ↓ 2" L than. no tenderness over the L vertebrae.	
	Mr. Barry also focal defect	
6/8/07 1 ^{PM}	LBP	
	Mr. Barry continue without pain catch to walk early in AM x 2 weeks now experience - hot pain	
6/26/07 8 ^{AM}	WT 153 B/p 140/70 p 100 R20 T98' O ₂ 93%	
	⑤ 40 y w o o c/o Back & L leg pain since 1995 - at least once a year. It last ran 4-5 months. No h/o injury. Just woke up 1 day to back pain. Suddenly last year, the pain started down L leg.	
	Accos day pain. Painful defecation, largely to amazing heart as well	

Date/Time Inmate's Name: Thomas Bawry D.O.B.: 11/12/1966
 5-15-06 182# 120/84 75 96# 16

SC

40 BM % Pain to his lower back x 1-2 week worse with
 rest, improved by exercise. No % injury/Trauma -
 Request for physical -

0 - none, < >

L spine: + tenderness over the left paraspinal
 muscle - ROM ↓ with % pain

Neuro: intact

Xray: WAP (L spine).

7/2/06 Lost 20 to muscle spasm -

PL: Motion, + Flexion/ TID pain.

- Bony, Ray exposure -

- Bony, granted x 2 weeks

6/5/07 Wt 182 BP 126/82 P 95 R 18 T 97.8

835am S/C 49 BM % Pain to the left lower back - Pt is seeking
 a BAP

0 - none, < >

Long, < > Hantman

L spine: mild tenderness over the L4-L5 nerve over
 the paraspinal muscles - ROM no preferred because
 of % pain.

Neuro: intact

7/2/06 2 BAP

PL: Motion, Flexion, Bony, Ray
 for exposure

Bony, granted x 2 weeks

4-6-05 wt 184 B/P 122/74 R 20 P 78 T 97°
 750A Lower ABD Pain / Constipation
 S 2x rx w/ Constipation and lower abd pain - had a small
 bowel yesterday - Denies 10/10/1000/chills - No fever, w/ const.
 pattern
 O - 100% x 65
 Lung: clear Heart: normal
 Abd: w/ abd pain distended
 no tenderness / any / organs negative
 Hx Constipation
 Rx: Motilium + Intalax in 8 x 4
 Colace w/ 8 c/d 1000 x 1 day
 ↑ water intake - return 2nd

11/18/05 wt 180 B/P 120/80 P-80 R 18 T 98
 S/C back / hip pain
 S 4x rx w/ Rx to hrs 2 hours back → L leg w/ th
 associated numbness and tingling - He denies weakness,
 incontinence of B/P - Denies any 4/5 injury or trauma
 The pain is with exertion or rest
 O - 100% x 65
 2 spec: mild tenderness - 40% and painful
 Nerves: intact
 Hx L 4/5
 Rx: Tylenol + Feldene 2000
 Flexand 200
 X-ray 2 spec. w/ 2 weeks



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: <u>Marshall, William Thomas Bobby</u> D.O.B.: <u>11/20/1966</u>
<u>4/8/04 3:40 PM</u>	<p>wt. 180 120/80 64 16 797.8 SC <u>abd pain</u></p> <p>Has had this since 2002 RLO pain</p> <p>when it happens he gets ↓ appetite, radiates to LLQ</p> <p>no tests done. Says he felt like he had temp.</p> <p>PE Feels better now x 3 days</p> <p>PE Wt. MAD w/out @ Thru's</p> <p>lungs CTA</p> <p>heart RRR on</p> <p>Abd soft NT @ masses UA -</p> <p>A possible diverticulosis & episode of abd pain</p> <p>P Drug pub II stool hemoccult.</p> <p>Abd soft to w/out</p> <p>metformin QD</p> <p>FU if returns</p> <p><i>WV/Anderson</i></p>



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
6-25-07 1600	Thomas Barry	11/20/1966
	Spoke w/ pt regarding ongoing back problems. States she has had this condition on/off since 1994. Ambulated to HCU w/ the assistance of a mop for support. C/O hip pain radiating down leg. States unable to walk, use or perform ADL's assistance. States unable to bathe or dress himself w/ assistance. C/O numbness and tingling to R leg. Bilateral pedal pulses present. Capillary refill < 3 seconds. Able to move feet & toes. C/O pain upon movement of leg. Wt 155 lbs today. Pt had appt w/ DR. Danouze on 6-22-07. When questioned why he refused appointment he stated that the knee dr "Doctor was not going to do anything for me". Explained to pt that if a course of treatment does not work then he needs to follow up with the doctor so that he can re-evaluate for further treatment needs. Spoke w/ DR McQueen regarding pt and of above findings. Rec'd order to place pt in infirmary until seen by provider. The nurses are to document and assist pt as needed w/ ADL's. Pt placed in bed 2 in infirmary. Oriented to infirmary & care team system. Verbalizes under- standing.	

Johnson



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: 6-17-07
 ID # 178628 Date of Birth: 11/20/66 Location: E2-6A
 Nature of problem or request: sciatica for 3 months now. Acute, chronic pain. Meds not helping. No longer able to walk - using wheelchair borrowed from HCU since 1st Wednesday. Dr. Darbouze refuses to give even a no-prolonged-standing profile. Officers acknowledge need for wheelchair.
Barry Thomas
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 6/20/07
 Time: 2:10 AM ☒ PM
 Allergies: _____

RECEIVED	
Date:	<u>6-20-07</u>
Time:	<u>2:10</u>
Receiving Nurse Initials	_____

(S)ubjective: See net tool dated 6/20/07 ~~per new~~
with

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

X Barry Thomas

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Facility: Alabama Department of Corrections

Patient Name: Thomas, Barry

Inmate Number: 178628 Last First MI

Date of Report: 6/20/07 MM DD YYYY

Date of Birth: 11/20/66 MM DD YYYY

Time Seen: 2:10 AM/PM Circle One

Subjective: Chief Complaint(s): "left sciatica for three months no. the meds not helping."

Onset: x 3 months

☒ New onset ☐ Chronic condition exacerbation

Pain Scale: (1-10) 10 Type: ☒ Sharp ☐ Dull ☐ Intermittent ☒ Constant

Location of Pain: ① ↓ back Neck / mid back / low back

Radiation of pain: ☐ No ☒ Yes to: to ① leg

Numbness: ☐ No ☒ Yes ① foot

History:

(Continue on back if necessary)

☐ Check Here if additional notes on back

Associated symptoms: Pain on urination? ☐ No ☐ Yes Nausea ☐ No ☐ Yes Vomiting ☐ No ☐ Yes (x)

Increased urination? ☐ No ☐ Yes Pain with cough/breathing? ☐ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 98.1 P: 80 RR: 18 B/P: 124/78

Back Exam: ☐ Tender to touch ☐ Confusion ☐ Muscle spasms ☒ Impaired range of motion

Additional Findings: ☐ Numbness ☐ Tingling ☐ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other:

Elaborate positive findings:

Lower extremities: ☒ Normal ☐ Abnormal (Describe):

Pedal pulses: ☒ Present ☐ Absent

☐ Check Here if additional notes on back

☒ Additional Examination: W/M ambulates to HCU via W/C. Able to stand/walk c slow, steady gait. AOX3 Rep & ease. Skin warm & dry to touch. Regret profile

(Continue on back if necessary)

☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s):

☒ Referral Required due to the following: (Check all that apply)

☐ Loss of sensation ☐ Presence of RBCs from dipstick ☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Prior malignancy ☐ Presence of WBCs from dipstick

☒ Other: to be evaluated by MD

Plan:

Check All That Apply: ☐ Work and recreation restrictions x 72 hours

☐ Education on avoiding back pain ☐ Education about stretching and back exercises. ☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

☐ Cold Compress (Acute injury) ☐ Warm Compress

☐ OTC Medications given (Motrin 400 or Tylenol 650 Bid pm x 2 days) * ☐ NO ☒ YES (If Yes List): Refused by pt

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr Darlow Date for referral: 6/25/07

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

MM DD YYYY Time

x

CWambleson
Nurses Signature

Name: CWambleson
Printed



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: BARRY R. THOMAS Date of Request: 6/13/07
 ID # 178628 Date of Birth: 11/20/66 Location: E2-6A
 Nature of problem or request: continued pain from sciatica - lower back
and left leg. Meds not helping. Can no longer walk to pill call
and chow without borrowing wheel chair.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

*See waiver
6-14-07
7:30pm*

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: May 30, 2007
 ID # 178628 Date of Birth: 11/20/66 Location: E2-6A
 Nature of problem or request: sciatica - lower back pain with pain radiating down
(L) leg. Pain medication & muscle relaxers not alleviating symptoms.
Request to see doctor again.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/30/07
 Time: 540 AM ☒ PM
 Allergies: _____

RECEIVED	
Date:	<u>5/30/07</u>
Time:	
Receiving Nurse Initials	<u>ML</u>

(S)ubjective:

See Net tool dated 5-30-07

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: 110/70 WT: _____

(A)ssessment:

(P)lan:

X Barry Thomas

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Facility: Alabama Department of Corrections

Patient Name: Thomas, Barry

Inmate Number: 178628

Date of Report: 5/30/07

Date of Birth: 11/20/66

Time Seen: 540 AM PM Circle One

Subjective: Chief Complaint(s): "I have sciatica. Lower back pain with pain radiating down my left leg." Denies injury

Onset: X 3 months

Pain Scale: (1-10) 6 Type: ☐ Sharp ☒ Dull ☐ Intermittent ☐ Constant

Location of Pain: Back Radiation of pain: ☐ No ☒ Yes to: leg to heel

History: Request to see MD

Associated symptoms: Pain on urination? ☐ No ☐ Yes Increased urination? ☐ No ☐ Yes Nausea ☐ No ☐ Yes Vomiting ☐ No ☒ Yes

Objective: Vital Signs: (If Indicated) T: 98.2 P: 68 RR: 18 B/P: 120/70

Back Exam: ☒ Tender to touch ☐ Contusion ☐ Muscle spasms ☒ Impaired range of motion

Additional Findings: ☐ Numbness ☐ Tingling ☐ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other:

Elaborate positive findings:

Lower extremities: ☒ Normal ☐ Abnormal (Describe): Pedal pulses: ☒ Present ☐ Absent

Additional Examination: W/m ambulates c dow, steady gait. A to x3 Repet

case. Skin warm & dry to touch.

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s):

☒ Referral Required due to the following: (Check all that apply)

- ☐ Loss of sensation ☐ Presence of RBCs from dipstick ☐ Recurrent Complaint (More than 2 visits for the same complaint)
- ☐ Prior malignancy ☐ Presence of WBCs from dipstick
- ☐ Other:

Plan:

Check All That Apply: ☐ Work and recreation restrictions x 72 hours

☒ Education on avoiding back pain ☒ Education about stretching and back exercises. ☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☒ Other: Continue BBP until seen by MD on 6-5-07 w/ Dr. Daulance / CW Ambler

☐ Cold Compress (Acute injury) ☐ Warm Compress

☐ OTC Medications given (Motrin 400 or Tylenol 650 Bid pm x 2 days): ☒ NO ☐ YES (If Yes List): PT refused

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Daulance

Date for referral: 6/5/07

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x CW Ambler

Nurses Signature

Name:

Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: MAY 28, 2007
 ID # 178628 Date of Birth: 11/20/66 Location: E2-6A
 Nature of problem or request: Sciatica - lower-back pain radiating down left leg.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	<u>5-29-07</u>
Time:	<u> </u>
Receiving Nurse Initials	<u> </u>

(S)ubjective:

See waiver dated 5-29-07 w/PA

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: 5/13/07
 ID # 178628 Date of Birth: 11/20/66 Location: E2-666
 Nature of problem or request: Lower-back & left leg pain - pressure on sciatic nerve that has left me barely able to walk.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/13/07
 Time: 715 AM ☒ PM
 Allergies: _____

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____

(S)ubjective:

See net tole dated 5-13-07
CW, PR

(O)bjective: (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections	
Patient Name: <u>Thomas, Barry</u>	
Inmate Number: <u>178628</u>	Date of Birth: <u>11</u> <u>20</u> <u>1966</u>
Date of Report: <u>5</u> <u>13</u> <u>07</u>	Time Seen: <u>7:15</u> AM/PM Circle One

Subjective: Chief Complaint(s): "My sciatic nerve is bothering me."

Onset: X 2 months

Brief History:

(Continue on back if necessary)

WT-174# SpO2 97% RA
Objective: Vital Signs: (As Indicated) T: 98.2 P: 64 RR: 16 B/P: 118 176

☐ Check Here if additional notes on back

Examination Findings:
 (Continue on back if necessary)

W/m ambulates even, steady gait. A+O x 3 Resp c
 case. SKIN warm + dry to touch. C/O dull, aching pain to (L) ↓ back
 radiating down (L) leg to (L) ankle. States 8/10 on pain scale. Denies
 injury. (L) tenderness to touch noted to (L) ↓ back. (L) ↓ ROM noted.
 Pedal pulse present + strong. NO acute distress noted.

☐ Check Here if additional notes on back

Assessment: (Referral Status)

Preliminary Determination(s):

☒ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☒ Other: to be evaluated by MD

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☐ NO ☒ YES (If Yes List): Motrin 600mg po BID PRN x 5 days w/ Dr Darbouze

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr Darbouze

Date for referral: 5/14/07

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x

CWambles
 Nurses Signature

Name:

CWambles RN
 Printed



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: BARRY R. THOMAS Date of Request: 5/02/07

ID # 178628 Date of Birth: 11/30/66 Location: E2-66b

Nature of problem or request: Continued acute & low-back pain radiating down @ leg, affecting my ability to walk normally. Insomnia & spasms due to pain. Previous treatment did not relieve symptoms. Could you try different treatment? Since X-ray exam revealed no abnormalities, could you schedule a more sensitive exam - CT or MRI? Continuous problem since 11/05.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/3/07
Time: _____ AM PM
Allergies: _____

RECEIVED

Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective: Waiver

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: 11/13/05
 ID # 178628 Date of Birth: 11/20/66 Location: 8B-131
 Nature of problem or request: lower-back and left hip pain — feels like
sciatic nerve is pinched

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED	
Date:	<u>11/14/05</u>
Time:	<u> </u>
Receiving Nurse Initials	<u>MP</u>

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

*See
Ref*

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Facility: <u>Thomas Be Easterling</u>	
Patient Name: <u>Thomas Barry</u>	
Inmate Number: <u>178628</u>	Date of Birth: <u>1</u> / <u>1</u> / <u>MM</u> <u>DD</u> <u>YYYY</u>
Date of Report: <u>1</u> / <u>1</u> / <u>MM</u> <u>DD</u> <u>YYYY</u>	Time Seen: <u>AM</u> / <u>PM</u> Circle One

Subjective: Chief Complaint(s): Back pain

Onset: 9 days

☐ New onset ☒ Chronic condition exacerbation

Pain Scale: (1-10) 7 Type: ☒ Sharp ☐ Dull ☐ Intermittent ☒ Constant Numbness: ☐ No ☒ Yes

Location of Pain: Lower left Radiation of pain: ☐ No ☒ Yes to: leg to foot

History: "My lower back is hurting radiating to my leg and foot causing numbness and tingling"
(Continue on back if necessary) ☐ Check Here if additional notes on back

Associated symptoms: Pain on urination? ☒ No ☐ Yes Nausea ☒ No ☐ Yes Vomiting ☒ No ☐ Yes (x)
Increased urination? ☒ No ☐ Yes Pain with cough/breathing? ☒ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 98 P: 68 RR: 16 B/P: 110 / 80

Back Exam: ☐ Tender to touch ☐ Contusion ☐ Muscle spasms ☐ Impaired range of motion

Additional Findings: ☒ Numbness ☒ Tingling ☐ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other: pt 90

Elaborate positive findings: _____

Lower extremities: ☒ Normal ☐ Abnormal (Describe): _____
Pedal pulses: ☒ Present ☐ Absent ☐ Check Here if additional notes on back

Additional Examination: \$ Visible injuries noted pt denies any injuries
(Continue on back if necessary) ☐ Check Here if continued on back

Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s): _____

☒ Referral Required due to the following: (Check all that apply)

☒ Loss of sensation pt 90 ☐ Presence of RBCs from dipstick ☒ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Prior malignancy ☐ Presence of WBCs from dipstick
☐ Other: _____

Plan:

Check All That Apply: ☐ Work and recreation restrictions x 72 hours

☒ Education on avoiding back pain ☒ Education about stretching and back exercises ☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

(Describe)
☐ Cold Compress (Acute injury) ☐ Warm Compress

☐ OTC Medications given ☐ NO ☒ YES (If Yes List): Tylenol 1gm po bid x 5 days

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr Danks Date for referral: 11 / 18 / 05

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time: _____

x Danks
Nurses Signature

Name: C Garcia
Printed



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: April 3, 2005
 ID # 178628 Date of Birth: 11-20-66 Location: 8B-131
 Nature of problem or request: CONSTIPATION SINCE THURSDAY the 31st.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4.4.05
 Time: 8:20 AM ☒ PM
 Allergies: NKDA

RECEIVED Date: <u>APR - 4 2005</u> Time: _____ Receiving Nurse Initials _____

(S)ubjective: "I think I have diverticulitis. Had this before and they said they thought that's what it is."

(O)bjective (V/S): T: 97⁷ P: 78 R: 18 BP: 100/80 WT: 185

At 9 AM to 40 abd pain in RL quad. State is having stool but he is constipated. Scant amt of bowel sounds noted in all four quadrants. Abd non distended. Non tender upon palpation. Hx of 3. Shw W/D to toilet. Resp c loose. Ppt for alt w elimination

(P)lan: Colace \pm Bid \times 10 days
 MD appt qm

Refer to: ☒ MD/PA Mental Health Dental ☒ Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE (☒) EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

4/6/05

[Signature]

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: BARRY R. THOMAS Date of Request: APRIL 3, 2004
 ID # 178628 Date of Birth: 11-20-66 Location: 9B-71
 Nature of problem or request: SEVERE ABDOMINAL PAIN (LOWER RIGHT). FEELS LIKE APPENDICITIS. WAS TREATED FOR SAME SYMPTOMS IN OCTOBER 2002 AT VCE.

Barry R. Thomas
Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/6/04
 Time: 930 AM ☒ PM
 Allergies: NKDA

Wt 172 Bp 120/80 P 61 R 20 T 97.8

RECEIVED

Date: _____
 Time: _____
 Receiving Nurse Initials _____

(S)ubjective: "I'm having pain in my abdomen mostly in my lower R side."
 W/m to Hcu. alert et oriented x3 Skin warm
 (O)bjective et dry to touch. Resp even et unlabored.
 C/o pain to @ right side of abdomen. Bowel sounds x4. Abd soft et nondistended. Denies constipation.
 (A)ssessment: No swelling or redness to R side.
 Non tender to touch.

Act in comfort

(P)lan:

Refers to MD

Rte if pain worsens before MD appt

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

D Scott

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



INFIRMARY NURSING PROGRESS NOTES

081304

Date Time

11/30/04

Waiver for CCC — R. E. Ock
O-DC CCC CV dt no medication —
Lab ordered — R. E. Ock

INMATE NAME (LAST, FIRST, MIDDLE)

Thomas Barry

DOC#

178628

DOB

1/20/66

R/S

Wm

FAC.

East

Health Services Request Form

Inmate Name BARRY THOMAS Date of Request 4-9-03
 AIS No. 178628 Date of Birth 11-20-66 Housing Loc. 9A-55
 Nature of problem or request ABCESS ON UPPER-LEFT THIGH. I SAW THE DR. MONDAY 7th. AND HE SAID "IT ISN'T READY," THEN TOLD A NURSE "I'LL SEE HIM WEDNESDAY" — I NEVER GOT AN APPOINTMENT THOUGH.

Sign here for consent to be treated by health staff for the condition described above. Barry Thomas

Place this slip in Medical Box or designated area

APR 10 2003

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective:

Objective: BP _____ P _____ R _____ T _____ WT _____

See
waiver

Assessment:

Plan:

Refer to: PA/Physician _____ Mental Health _____ Dental _____
 Education: _____

Protocol used: (specify) _____

Signature _____ Title _____ Time _____ Date _____

NAME - LAST	FIRST	MIDDLE	AIS #
Thomas, Barry			178628

PHYSICIAN'S PROGRESS NOTES

NAPHCARE
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
4-2-03	7:45 am	wt. 168, 98 ⁶ , 80, 20, 120/80. S/C 1. 1/2 aspirin bid to 4 hrs. X four days 0. 5cm erythema - 4cm, 1 indurated area over the medial aspect of L thigh 0.5cm area with minimal bloody drainage. 1/2 Abuse L thigh - 2" to 2" not 3" <p>Ph: - Bactrim DS BID - Doxycycline 100mg to BID X 10 days - Tylenol TID 1000mg - 4/9/03</p>
4/11/03		wt. 171 BP 118/80 P 76 R16 T98 Flu Abuse L thigh. + bloody purulent drainage Ph: - drainage - ceftriaxone Bactrim 1000mg - 4/14/03 <p style="text-align: right;">J</p>
NAME - LAST		FIRST MIDDLE AIS #
Thomas		Barry 178628

VC007

PHYSICIAN'S PROGRESS NOTES

Na. hCare, Inc.

Health Services Request Form

Name BARRY R. THOMAS Date of Request 4-6-03
 MS No. 178628 Date of Birth 11-20-66 Housing Loc. 9A-55
 Nature of problem or request AN APPARENT SPIDER BITE ON UPPER-LEFT THIGH — APPEARS TO BE INFECTED.

Sign here for consent to be treated by health staff for the condition described above.

Barry R. Thomas

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

Health Care Documentation

Subjective: "I noticed this bite on my l upper thigh about a wk. ago. But, it didn't start looking red + hurting until Friday of last wk my leg is down to my knee red."

Objective: BP 120/80 P 80 R 20 T 98.6 WT 168

w/m ambulates to HCU in no apparent distress. Resp. reg. + ease. Skin wtd to touch. On l upper thigh appears a bite. Redness + hardness around area. Redness down leg almost to knee. Area is all hot to touch.

Assessment: Potential for alteration in comfort / skin integrity.

Plan: See MD today - for evaluation.

Refer to: PA/Physician

Mental Health

Dental

Education:

Explained to HIM to return to HCU by 8:30 am. for MD apph Verbalized understanding.

Protocol used: (specify) N/A

Signature K. Wilson

Title RN

Time 7:45 am Date 4/7/03

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: BARRY THOMAS Date of Request: 10-19-02

ID#: 178628 Date of Birth: 11-26-66 Housing Location: 10B-39B

Nature of problem or request: ABDOMINAL PAIN

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

Subjective: My Bowels have been not HEALTH CARE DOCUMENTATION

moved

Objective: BP 130/80 P 82 R 18 T 98.4

Amb to HCU in Nap. Clo" severe
abd Pain. "I just cant move
my bowel" clo nausea & appetite
No Vomiting. Thurs Passed a supp.
& soft Brown. stool but not enough.

Assessment:

Plan: Placed in infirmary to have privacy
& quiet rest room.
Fluids encouraged.

Refer to: PA/Physician Mental Health Dental

Signature: [Signature] Title: _____ Date: _____ Time: _____

NCO40

HEALTH SERVICES REQUEST FORM

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: BARRY THOMAS Date of Request: 10-14-02
 ID#: 178628 Date of Birth: 11-20-26 Housing Location: 10B/3EB
 Nature of problem or request: CONSTIPATION

Barry Thomas
 Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA

Subjective: I've been constipated for 6-7 days
 HEALTH CARE DOCUMENTATION

Objective: BP 130/92 P 88 R 18 T 99.6

Amb to Hcu in Nap. Holding stomach
 abd soft. "fullness" noted on
 both sides. Not distended No N or V.
 Temp 99.6

Assessment: All in health maintenance.

Plan: To see MD. on 10-14-02
encouraged to drink 8 glasses of H₂O
all on time for P.M.
inmate education sheet given. verbalized
understanding of insts.

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: [Signature] Title: PR Date: 10-14-02 7:00 PM

NCO40

HEALTH SERVICES REQUEST FORM

HEALTH STATUS

Transferring Facility: KILBY

Date: 5-10-02

Time: 9:30

Allergies: NICK

Food Handler Approved Y (N)

Name: Thomas, Barry
AIS: 1728
Age: Date of Birth: 11-20-66
Race: W Sex: M

Current Acute Conditions/Problems: [Signature]
Chronic Conditions/ Problems: [Signature]

Current Medications- Name, Dosage, Frequency, Duration:
Acute short term medications: [Signature]

Chronic Long Term Medications: [Signature]

Chronic Psychotropic Medications: [Signature]

Current Treatments: [Signature]
Follow up care Needed: [Signature]

Last PPD: 3-15-01 Results: [Signature] mms Last Physical: 3-15-01

Chronic Clinics: [Signature]

Specialty Referrals: [Signature]

Significant Medical History: Migraine H/A

Physical Disabilities/Limitations: [Signature]

Assistive Devices/Prosthetics: [Signature] Glasses: N Contacts: N

Mental Health History/Concerns: [Signature]

Substance abuse Y/N: Alcohol Y/N: Drugs Y/N:
Hx Suicide Attempt Date: / /
Hx Psychotropic Medication:
Previous Psychiatric Hospitalizations:
Signature/Title/Date: [Signature] 5/10

Transfer Reception Screening
Date: 7/17/02 Time: 2:05 pm
S: Current complaint: Needs annual Phys Exam
Current medications/Treatments: None
Physical Appearance/Behavior: (R) scar tattoo
Deformities: Acute/Chronic: NONE
P: 96 R: 20 B/P: 112
A: Knowledge deficit
P Disposition (Instructions: Check or circle as appropriate)
[X] Routine sick call Instructions given
Emergency referral
HIV/TB Instructions given
Physician referral
Urgent / Routine
Medication Evaluation
Work/Program Limitation
Special Housing
Specialty Referrals
Chronic Clinics
Mental Health
OTHER
Infirmary Placement

Receiving Facility: VCF
Signature/Title: [Signature] 7/17/02

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring Facility: CF
 Date: 4-16-02
 Time: 2430
 Allergies: _____
 Food Handler Approved (Y) N

Name: Thomas Barry
 AIS: 178628
 Age: 35 Date of Birth: 11-20-66
 Race: W Sex: M

Current Acute Conditions/Problems: _____

Chronic Conditions/ Problems: Bipolar Disorder, migraines, headache

Current Medications- Name, Dosage, Frequency, Duration: _____

Acute short term medications: _____

Chronic Long Term Medications: _____

Chronic Psychotropic Medications: _____

Current Treatments: _____

Follow up care Needed as neededLast PPD 3-15-01 Results 7 mms Last Physical 3-12-01 3/15/01

Chronic Clinics: _____

Specialty Referrals: _____

Significant Medical History: _____

Physical Disabilities/Limitations: _____

Assistive Devices/Prosthetics: _____

Glasses: _____

Contacts: _____

Mental Health History/Concerns: _____

Substance abuse Y/N: X

Alcohol Y/N: _____

Drugs Y/N: _____

Hx Suicide Attempt Date: / / /Hx Psychotropic Medication: XPrevious Psychiatric Hospitalizations: XSignature/Title/Date: Barry, B

Transfer Reception Screening

Date: / / / Time: am pm

S: Current complaint: _____

Current medications/Treatments: _____

O Physical Appearance/Behavior: _____

Deformities: Acute/Chronic: _____

T P R B/P

A: _____

P Disposition (Instructions: Check or circle as appropriate)

Routine sick call Instructions given_____
Emergency referral_____
HIV/TB Instructions given_____
Physician referral

Urgent / Routine

Medication Evaluation_____
Work/Program Limitation_____
Special Housing_____
Specialty Referrals_____
Chronic Clinics_____
Mental Health_____
OTHER_____
Infirmary Placement

Receiving Facility: _____

Signature/ Title: _____

FAS RASYSYSTEM TRANSFER FORM

HEALTH STATUS

Transferring

Facility:

KILBY

Name: Thomas, BarryNumber: 178628Race: B ☒ W ☐ H ☐ OtherAge: _____ Date of Birth: 11/20/66 Sex: ☒ M ☐ FDate: 3/7/02Time: _____ AM ☐ PM ☐Allergies: NKA

Food Handler Approved: Y / N

Current Acute Conditions/Problems: ☒Chronic Conditions/ Problems: ☒

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: ☒Chronic Long-term Medications: ☒Chronic Psychotropic Medications: ☒Current Treatments: ☒Follow-up Care Needed: ☒Last PPD: 3-15-01 Results ☒ mmsLast Physical: 3/1/01Chronic Clinics: ☒

Specialty Referrals: _____

Significant Medical History: Migraine H/APhysical Disabilities/Limitations: ☒Assistive Devices/Prosthetics: ☒Glasses: ☒Contacts: ☒

Mental Health History/Concerns:

Substance Abuse: Y / N

Alcohol: Y / N

Drugs: Y / N

Hx Suicide Attempt: Date: 1/1/

Hx Psychotropic Medication

Previous Psychiatric Hospitalizations

Signature and Title

Date: 3/7/01

TRANSFER RECEPTION SCREENING

Date: 3/18/02 Time: 9:00 AM ☐ PM ☒S: Current Complaint: NoneCurrent Medications/Treatment: NoneW+174O: Physical Appearance/Behavior: tattoo TRarmDeformities: Acute/Chronic: NoneT 92 P 84 R 20 B/P 120/80

A:

Receiving

Facility:

UC4

P: Disposition: (Instructions: Check or circle as appropriate)

- ☒ Routine, Sick Call
☐ Instructions Given
☐ Emergency Referral
☐ HIV/TB Instruction Given
☐ Physician Referral:
☐ Urgent / Routine
☐ Medication Evaluation
☐ Work/Program Limitation
☐ Special Housing
☐ Specialty Referrals
☐ Chronic Clinics
☐ Mental Health
☐ OTHER
☐ Infirmary Placement

Other:

C. Barnes, MD

NAPHCARE
HEALTH SERVICES REQUEST FORM

Print Name: BARRY R. THOMAS Date of Request: JULY 15, 2002

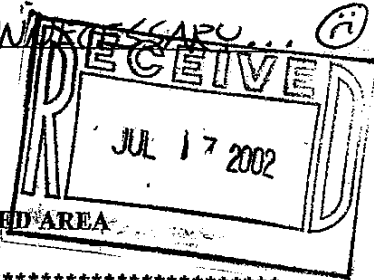
ID#: 178628 Date of Birth: 11-20-66 Housing Location: 10B-39B

Nature of problem or request: INFECTED TOE — BEGAN WITH INGROWN NAIL; WARM SALTY WATER AND ANTIBIOTIC OINTMENT APPLIED DAILY FOR THREE WEEKS, ONLY FOR SWELLING AND REDNESS TO WORSEN. WOULD NOT BOTHER YOU IF UNNECESSARY... (P)

Barry R. Thomas

Sign here for consent to be treated by health staff for the condition described

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
 DO NOT WRITE BELOW THIS AREA



Subjective: "Thought I had an ingrown toenail - removed it but now it's worse"

#172 Objective: BP 120/80 P 96 R 20 T 98.4

w/m to HCU E above C/O - assess of R great toe reveals severe redness, edema, yellowish drainage

Assessment:

Alt comfort

Plan:

appt. c. M.D.

Refer to: ☒ PA/Physician ☐ Mental Health ☐ Dental

Signature: [Signature] Title: [Signature] Date: 7/17/02 Time: 2010

NCO40

HEALTH SERVICES REQUEST FORM

INMATE REQUEST SLIP

Name BARRY R. THOMAS Quarters K-71 Date 9-26-99AIS # 178628

() Telephone Call () Custody Change () Personal Problem
 () Special Visit () Time Sheet () Other ☒

Briefly Outline Your Request - Then Drop In Mail Box

DEAR MADAM:

I'M WRITING TO REQUEST AN APPOINTMENT
WITH DR. CAMPBELL THIS WEEK, IF SUCH
MIGHT FIT HIS SCHEDULE. THANK YOU
VERY MUCH.

Barry R. Thomas

Do Not Write Below This Line - For Reply Only

9/28/99 - no show for etc. mileage

Approved

Denied

Pay Phone

Collect Call

Request Directed To: (Check One)

() Warden

() Deputy Warden

() Captain

() Classification Supervisor

() Legal Officer - Notary Public

() Record Office

N176

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry Thomas Date of Request: 11/2/97

ID #: 178628 Date of Birth: 11/20/66 Housing Location: KCB-19

Nature of problem or request: Problem with dizziness, chest pain.
Blood pressure checked high Sat. Nov. 1st. Instructed
by nurse Giles to be a sick call Monday, Nov. 3rd.

I consent to be treated by health staff for the condition described.

Barry Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: Pain in my chest + left arm from
time to time - some nausea + dizziness
Just started 3wks ago

Objective: BP 122/92 P 100 R 20 T 97.6

Lungs clear
HR rapid but regular
Skin warm dry & pink

Assessment:

EKG done

Plan:

See Dr.

Refer to: PA/Physician Mental Health Dental

Signature: Dalleson Title: RN Date: Time:

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: 10-27-97

ID #: 178628 Date of Birth: 11-20-66 Housing Location: KCB-19

Nature of problem or request: periodic spells of dizziness, shortness of breath, weakness, mild pressure in chest, and nausea for the past ten days. (EKG was done on 10-20-97 with no indication of irregularities; problems persist however)
I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

I have been experiencing hypertension in chest, heart starts racing, I think I'm having anxiety attacks

Objective: BP

120/80 P 80 R 20 T 99°

State had EKG last wk on 10/20/97 when I had this attack before - EKG to review

Assessment:

Plan:

Review C PR m/10/97

Refer to: PA/Physician Mental Health Dental

Signature:

MD/Dr

Title:

MD

Date:

10/28/97

Time:

0830

CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name

Thomas, Larry

I.D. #

178628

Institution

KILBY

DATE	TIME	NOTES	SIGNATURE
8/15/97		pb	
11/3/97	87	pb hcn = 3 w/ the light-headedness, SOB, rapid HR + clp - sharp - non radiating. He readily admits to depression, anxiety anxiety - used to be on anti-depressants of ECG - @. Thyroid ✓ no nodes I - P-R-T-R. Jundi @ Chest CVS ✓ NSA no @ or PVC's BP 130/90 CNS - Tense, anxious M Anxiety / Depression P1. Prescribed M R given She PR -	
			The Surgeon

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Barry R. Thomas Date of Request: 1-1-97

ID #: 178628 Date of Birth: 11-20-66 Housing Location: KCB-19

Nature of problem or request: I need an appointment for an eye exam -
my vision is progressively getting poorer and is affecting
my work as a pressman in the print shop.

I consent to be treated by health staff for the condition described. Thank you

Barry R. Thomas
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Eye DR

Objective: BP 110/70 P 72 R 20 T 98.3
VLA 20/40 OU

Assessment:

Plan: Eye list / Dr. Biles

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Dr. Biles Title: MD Date: 1/2/97 Time: 0915

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: 7/25/96

ID #: 178628 Date of Birth: 11/20/66 Housing Location: KCB-134

Nature of problem or request: Severe ear pain - right ear. Was seen
by doctor Wed. 24th; he prescribed drops and antibiotics.
However, I need something for pain.

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: Something for Pain

Objective: BP 140/80 P 72 R 20 T 99.2

24h. Labs 11 given ↑ Temp
presently on Cortisponid 975 & Keflex 1000mg bid
Assessment: Seen by DR 7/24/96 Ear Infected

Plan: Discharge to DR in file

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: mfile Title: 4th Date: 7/26/96 Time: 0555

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: 7/1/96

ID #: 178628 Date of Birth: 11/20/66 Housing Location: M-47

Nature of problem or request: hearing loss in right ear - excessive
wax build-up - w/ - dry sore

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective: rt. Ear hurting

Objective: BP 130/74 P 80 R 20 T 98.0

Assessment:

Plan: 20 sec Dr. M. Miles, r

Refer to: ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature: Miles Title: cp Date: 7/24/96 Time: 0630

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: 8/8/96
ID #: 178628 Date of Birth: 11/20/66 Housing Location: KCB-134
Nature of problem or request: Need eye exam (vision extremely
poor)

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____
8/9 0-70 show you S/C 14.5 mg

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

INTRASYSTEM TRANSFER FORM

HEALTH STATUS

Transferring
Facility: BCCFName: Thomas BarryNumber: 178628Race: B ☒ W ☐ H ☐ Other ☐Date: 7/23/96

Age: _____

Date of Birth: 11/20/66Sex: ☒ M ☐ F

Time: _____ AM PM

Allergies: NKA

Food Handler Approved: Y / N

Current Acute Conditions/Problems: _____

Chronic Conditions/ Problems: _____

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications: _____

Chronic Long-term Medications: _____

Chronic Psychotropic Medications: _____

Current Treatments: _____

Follow-up Care Needed: _____

Last PPD: 11-28-95 Results 0 mmsLast Physical: 11/27/95

Chronic Clinics: _____

Specialty Referrals: _____

Significant Medical History: _____

Physical Disabilities/Limitations: _____

Assistive Devices/Prosthetics: _____

Glasses: _____

Contacts: _____

Mental Health History/Concerns: _____

Substance Abuse: ☒ Y ☐ N

Alcohol: Y / N

Drugs: ☒ Y ☐ NHx Suicide Attempt: Date: 1/1/

Hx Psychotropic Medication _____

Previous Psychiatric Hospitalizations _____

Signature and Title AppointerDate: 7.14.96

TRANSFER RECEPTION SCREENING

Date: 7/23/96 Time: 8:00 AM PMS: Current Complaint: 0Current Medications/Treatment: 0

O: Physical Appearance/Behavior: _____

Has not been seen in 2 weeks

Deformities: Acute/Chronic: _____

T _____ P _____ R _____ B/P _____

A: _____

Receiving
Facility: BCCF

P: Disposition: (Instructions: Check or circle as appropriate)

- ☐ Routine, Sick Call
☐ Instructions Given
☐ Emergency Referral
☐ HIV/TB Instruction Given
☐ Physician Referral:
 ☐ Urgent / Routine
 ☐ Medication Evaluation
 ☐ Work/Program Limitation
 ☐ Special Housing
 ☐ Specialty Referrals
 ☐ Chronic Clinics
 ☐ Mental Health
 ☐ OTHER
☐ Infirmary Placement

Other: _____

Signature and Title Kate Barry 7/23/96

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: 7/18/96

ID #: 178628 Date of Birth: 11/20/66 Housing Location: 22-58

Nature of problem or request: Need eye exam. (vision has gotten
excessively poor recently, especially in left eye,
for some reason of which I do not understand)

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: _____ Title: _____ Date: _____ Time: _____

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Barry R. Thomas Date of Request: 1-18-95
ID #: 178628 Date of Birth: 11-20-66 Housing Location: 22-40
Nature of problem or request: Pain in lower back for past three
days

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective: Lower back pain

Objective: BP 120/60 P 64 R 20 T 98°

C/O lower back pain for the past three days. C/O
unable to bend over comfortably. Resp reg & even. Skin
W/D D/D
Assessment: Alteration in Comfort

Plan:
MD

Refer to: PA/Physician Mental Health Dental

Signature: LS Brown Title: RN Date: 1/18/96 Time: 2350

PATIENT NOTES / PHYSICIAN ORDERS

DATE	TIME	PATIENT NOTES	DATE ORDERED	TIME ORDERED	PHYSICIAN ORDERS
01-14-96		2-8-95 Back pain Flexion = pain Ext - OK Pull muscle back Knee Motion good but x50			1) Imipramine 50mg p.o. qhs x 2 wks; then ↑ 75 x 2 wks; then ↑ 100 x 2 wks; then ↑ 125 x 2 wks; then ↑ to 150mg p.o. qhs x 3 mos. 2) D/C indoral. 3) D/C midrin. 4) RTC - 3 mos. R. Cooper MD
			5/10/95		D/C Imipramine RTC one mo Bucklain MD
			6/9/95		510 10/11/95 RTC 3 mos Bucklain MD C. Smith MD
BULLOCK HEALTH CARE UNIT					
INMATE NAME (LAST, FIRST, MIDDLE)			DATE OF BIRTH		
Thomas, Barry			11/20/66		
			AGE		
			28		
			R/S		
			WM		
			ID#		
			178628		

Facility Name: East

Motrin 600mg po
tid PR X 14

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
4A																														
9A																														
4P																														

Start Date: 6-5-07 Prescriber: Darbony
Stop Date: 6-19-07 RX #:

Flexeril 10mg po
tid PR X 14

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
4A																														
9A																														
4P																														

Start Date: 6-5-07 Prescriber: Darbony
Stop Date: 6-19-07 RX #:

Bengay oint Bid
PR X 5

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
4A																														
4P																														

Start Date: 6-5-07 Prescriber: Darbony
Stop Date: 6-19-07 RX #:

Motrin 400mg po
PRN BID X 2 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4A																															
4P																															

Start Date: 6/26/07 Prescriber: Floyd
Stop Date: 6/28/07 RX #:

Naprosyn 375mg
± Tid X 30d

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4A																															
9A																															
4P																															

Start Date: 6/28/07 Prescriber: Dr Darbony
Stop Date: 7/28/07 RX #:

Robaxin 500mg ± Bid
X 10 days

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4A																															
4P																															

Start Date: 6/28/07 Prescriber: Dr Darbony
Stop Date: 7/8/07 RX #:

Diagnosis: _____

Allergies: None

Housing Unit: 178628

Patient ID Number: _____

Patient Name: Thomas Barry

Nurse's Signature: Phyllis R Initial: R

Nurse's Signature: Uthman Initial: U

Documentation Codes:

1. Discontinued Order
2. Refused
3. Patient out of Bed
4. Charted in Error
5. Lock Down
6. Self Administered
7. Medication not at Site
8. Medication not
9. No Sign
10. Other

Date of Birth: 1/20-66

Tylenol 1gmpo
x 1 dose now

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:	6/30/07										Prescriber: Danlonge																				
Stop Date:	6/30/07										RX #:																				

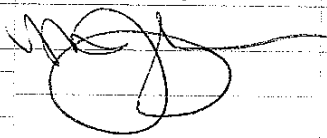
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Start Date:											Prescriber:																				
Stop Date:											RX #:																				

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:											Prescriber:																				
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Start Date:											Prescriber:																				
Stop Date:											RX #:																				

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Stop Date:											RX #:																				

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Start Date:											Prescriber:																				
Stop Date:											RX #:																				

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies: NKA					1. Discontinued Order
Housing Unit: 178 628					2. Refused
Patient ID Number:					3. Patient out of room
Patient Name: Thomas Barry					4. Charted in ER
					5. Lock Down
					6. Self Administered
					7. Medication out of Stock
					8. Medication Error
					9. No Show
					10. Other

Date of Birth:

11/01/00

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																									
motrin 600mg PO BID PRN x5 days																																																																								
4a																																																																								
4p																																																																								
Start Date: 5-13-07 Prescriber: Danlouze Stop Date: 5-18-07 RX #:																																																																								
MOTRIN 600mg PO TID PRN X2 weeks																																																																								
4a																																																																								
9																																																																								
4																																																																								
Start Date: 5-15-07 Prescriber: Danlouze Stop Date: 5-30-07 RX #:																																																																								
Flexeril 10mg PO TID PRN X2 weeks																																																																								
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Facility Name:	Month/Year of Charting:	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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		4																																
Start Date:		12/9/05	Prescriber:		D. Darby		Stop Date:		1/9/06	RX #:																								
Mottu Gony: P.O.D. PRN x 14d	12/9/05	4																																
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Start Date:		12/9/05	Prescriber:		D. Darby		Stop Date:		12/23/05	RX #:																								
Bergay to back Bid PRN x 7 days	12/9/05	4																																
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Start Date:		12/9/05	Prescriber:		D. Darby		Stop Date:		12/16/05	RX #:																								
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Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Allergies	Sh...	B	R. Ewin	LD	1. Discontinued Order
Housing Unit:	...	...	...	...	2. Refused
Patient ID Number:	...	...	...	...	3. Patient out of facility
Patient Name:	...	...	...	...	4. Charted in Error
	...	...	...	...	5. Lock Down
	...	...	...	...	6. Self Administered
	...	...	...	...	7. Medication out of Stock
	...	...	...	...	8. Medication Held
	...	...	...	...	9. No Show
	...	...	...	...	10. Other

Thomas Barry

Date of Birth: 11/20/64

Facility Name: <u>EASTERLUND</u>		Month/Year of Charting: <u>12/05</u>																																																																																																																														
<u>FEUDENE 20mg</u> <u>i PO q 4pm</u> <u>x 14 days</u>		<table border="1"> <tr> <th>Hour</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th> </tr> <tr> <td>4pm</td> <td colspan="30">/</td> </tr> </table>		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	4pm	/																																																																																												
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Allergies:		Nurse's Signature: <u>Chapin</u> Initial: <u>✓</u>																																																																																																																														
Housing Unit:		Nurse's Signature: <u>Pratt</u> Initial: <u>✓</u>																																																																																																																														
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Patient Name: <u>THOMAS RAEEN</u>		Date of Birth:																																																																																																																														

- Documentation Codes
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Facility Name: <u>Easterburg</u>		Month/Year of Charting: <u>Nov 05</u>																														
Tylenol 1gm po bid x 5 d	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	4a	→ 8 5/16 ←																														
	4p	→ 8 1/2 ←																														
Start Date: <u>11-14-05</u>		Prescriber: <u>Darbone/CS</u>																														
Stop Date: <u>11-19-05</u>		RX #:																														
Feldene 20mg po qam x 14 days PR	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	4p	→ 8 5/16 ←																														
Start Date: <u>11-18-05</u>		Prescriber: <u>Darbone</u>																														
Stop Date: <u>12-2-05</u>		RX #:																														
Tylenol 1gm po tid PR x 14 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	4A	→ 8 5/16 ←																														
	9A	→ 8 5/16 ←																														
Start Date: <u>11-18-05</u>		Prescriber: <u>Darbone</u>																														
Stop Date: <u>12-2-05</u>		RX #:																														
Flexeril 10mg po tid PR x 7 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	4A	→ 8 5/16 ←																														
	9A	→ 8 5/16 ←																														
Start Date: <u>11-18-05</u>		Prescriber: <u>Darbone</u>																														
Stop Date: <u>11-25-05</u>		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Date:		Prescriber:																														
Stop Date:		RX #:																														
Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes																											
	<u>Darbone</u>	<u>S</u>	<u>J. Ewing</u>	<u>JE</u>	1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other																											
Allergies																																
Housing Unit:																																
Patient ID Number: <u>175628</u>																																
Patient Name: <u>Theresa Barry</u>																																
			Date of Birth:																													

INDICATIONS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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D/C'd 8/18/01

#46 6-29-04

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
-------------	--	------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

Medical Record No.

Alt. Telephone

Rehabilitative Potential

Diagnosis

Medical Number _____

Medicare Numbers

Complete Entries Checked:

By:

Title: *Im*

Date: 1-25-20

PATIENT CODE

ROOM NO.

Date	_____
Page	_____

FACILITY CODE

178628

By

275

MEDICATION ADMINISTRATION RECORD

07/01/2004

(EAS-474) EASTERLING CORR. FACILITY

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
PSYLLIUM (REGULID) POW 3.4GM IN 10-OZ LIQUID BY MOUTH DAILY *KEEP ON PERSON* RX: 5472954 ANDERSON, M.D., VICTORIA, MD START - 04/10/2004 STOP - 07/08/2004																															
GENFIBROZIL (LOPID) 600MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY *KEEP ON PERSON* RX: 5501373 COOLEY, N.P., CIGELIA, NP START - 04/17/2004 STOP - 07/15/2004																															
Lopid 600mg TAB PO BID X 90 days 6-26-2004 - 9-24-2004 Discontinued																															

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	07/01/2004	THROUGH	07/31/2004
Physician	COOLEY, N.P., CIGELIA	Telephone No.	Medical Record No.
Att. Physician		Att. Telephone	
Notes	NO KNOWN DRUG ALLERGY	Rehabilitative Potential	
Diagnosis			
Medication	Medication Number	Complete Entries Checked:	
PATIENT	THOMAS, NANCY	By: <i>[Signature]</i>	Date: 6-20
PATIENT CODE	178628	ROOM NO.	1
BED	F7		

(EAS-474) EASTERLING CORR. FACILITY

5792

[illegible]PHS063

MEDICATION ADMINISTRATION RECORD

05/01/2004

(EAS-47d) EASTERLING CORR. FACILITY

5051

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 05/01/2004		THROUGH 05/31/2004	
Physician	COOLEY, N. P., CECILIA	Telephone No.	Medical Record No.
Alt. Physician		Alt. Telephone	
Allergies	NO KNOWN DRUG ALLERGY	Rehabilitative Potential	

Diagnosis

Medicaid Number:	Medicare Number:	Complete Entries Checked:				
		By: <i>D. Palmer</i>	Title: <i>PM</i>	Date: <i>4-21-2009</i>		
PATIENT			PATIENT CODE	ROOM NO.	BED	FACILITY CODE
THOMAS, DARRY			178628	1		EAS-474

PHS064

MEDICATION ADMINISTRATION RECORD

metamucil 3.4gm in KOP
10oz H₂O po qd KOP
X 3mths 4/9/04 → 7/9/04

Lopid 600mg b.i.d. 4AK
X 90 days KOP
4-15-04 → 7-15-04 Coolidge

Barry Thomas → # 600 4/26 Barry Thomas

MEDICATIONS HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 4/04 THROUGH 4/04

Physician: Anderson Telephone No. Medical Record No.

Alt. Physician: Alt. Telephone

Allergies: NIKOA Rehabilitative Potential

Diagnosis

Master Window Notes Title Complete Entries Checked

By: B. Macmillan Title: Lr Date: 4/9/04

PATIENT: Thomas, Barry PATIENT CODE: 178675 ROOM NO.: DNP BED: FACILITY CODE: Ent

MEDICATION ADMINISTRATION RECORD

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR 47-63

THROUGH 0-30-03

Physician	Telephone Number	Inmate No.
Alt. Physician	Alt. Telephone	
Allergies	Rehabilitative Potential	
Diagnosis		

Diagnosis									
Medicaid Number		Medicare Number		Complete Entries Checked		Title: <i>LR</i>		Date: <i>4/9/03</i>	
By: <i>Thomson</i>		By: <i>Barry</i>		By: <i>178628</i>		PATIENT CODE: <i>54</i>		ROOM NO.	
PATIENT: <i>Thomson Barry</i>		PATIENT CODE: <i>178628</i>		ROOM NO. <i>54</i>		BED		FACILITY CODE	

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR		THROUGH	
Physician	Barbours	Telephone Number	Inmate No.
Alt. Physician	November 2002	Alt. Telephone	
Alt. Physician		Rehabilitative Potential	
Diagnosis			
PKDA			
Medicaid Number	Medicare Number	Complete Entries Checked	Date: 10-27-02
		By: A. K. K. K.	Title: R
PATIENT	Thomas Barry	PATIENT CODE	ROOM NO. BED FACILITY CODE
		178628	107

MEDICATION ADMINISTRATION RECORD



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Motrin $\frac{1}{2}$ tsp PO in liquid per q day Ms King / AMarch 10-15-02 - 10-22-02	0900 0900																																	
Magnitrate po x 1 bottle New today Ms King / AMarch 10-15-02																																		
Dulcolax suppxl per rectum today Ms King / AMarch 10-15-02	3P																																	
Dulcolax tabs $\frac{1}{2}$ po this pm x 1 Ms King / AMarch 10-15-02	3P																																	
Enema x 1	1215																																	
Darbuze/CH 10-20-02 Tylenol tabs III PO TID PRN x 3 days Darbuze/CH 10-20-02/ Maalox II tabs PO TID x 3 days Darbuze/CH 10-20-02/ Tylenol 325mg III PO TID PRN x 5 days 10/22/02 - 10/26/02 Darbuze/CH Maalox II PO TID PRN x 5 days 10/22/02 - 10/26/02 Darbuze/CH	4A 9A 4P																																	
	4A 9A 4P																																	
	4A 9A 4P																																	
	4A 9A 4P																																	
	4A 9A 4P																																	

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR	10-15-02	THROUGH	10-31-02
Physician	Dr. Darbuze	Telephone Number	
Alt. Physician	Ms King / Dr. Benkette	Alt. Telephone	
Allergies	NKA	Rehabilitative Potential	Page 1 of 1
USIS		Inmate No.	178628
Medicaid Number		Medicare Number	
Complete Entries Checked		By:	Thomas Barry
PATIENT	Thomas Barry	PATIENT CODE	178628
		ROOM NO.	
		BED	
		FACILITY CODE	VCF

MEDICATION ADMINISTRATION RECORD



MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Colace 100mg PO QD x 2 weeks 10-24-02 11-7-02	44																																
Dr. Darabony, Alcega R Mantac 150mg PO BID x 2 weeks 10-24-02 11-7-02	44 44																																
Dr. Darabony, Alcega R																																	

BioReference
LABORATORIES

104994572-6 THOMAS, BARRY

DOCTOR

EASTERLING CORR. FACILITY
200 WALLACE DR.
CLIO, AL 36017
(334) 397-4471 (A0113-4)

FX

THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

-FINAL- Original Report 07/03/2007

NAME THOMAS, BARRY		PATIENT I.D. / ROOM NO. 178628		DOCTOR / GROUP NAME DR. DARBOUZE	
LAB I.D. NO. 104994572	DATE COLLECTED 07/02/2007	DATE RECEIVED 07/03/2007 09:45	DATE OF REPORT 7/3/2007 14:49	AGE 40	SEX Y M

Test Description	Result	Abnormal	Reference Range
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Comment :

NONFASTING

-----* CHEMISTRY *-----

Total Protein	7.8		5.9-8.4	gm/dl
Albumin	5.0		3.2-5.2	gm/dl
Globulin	2.8		1.7-3.7	gm/dl
A/G Ratio	1.8		1.1-2.9	
Glucose		116 HI	70-109	mg/dL
Sodium	145		133-145	mmol/L
Potassium	4.2		3.3-5.3	mmol/L
Chloride	104		96-108	mmol/L
CO2	23		21-29	mmol/L
BUN	11		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	11		10-28	
Calcium	9.9		8.4-10.4	mg/dl
Uric Acid	5.5		2.4-7.0	mg/dl
Iron	117		30-160	mcg/dl
Bilirubin, Total	0.4		0.1-1.0	mg/dl
LDH	204		94-250	u/l
Alk Phos	72		39-120	u/l
AST (SGOT)	22		< 37	u/l
Phosphorous	3.4		2.6-4.5	mg/dl
ALT (SGPT)	21		< 40	u/L
G-GTP	17		7-51	u/L

* GFR, Estimated = 87.68 mL/min/1.73m2

Continued on Next Page

Page: 1

James Weissberger, M.D.
481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407
1-800-229-LABS

PHS070

BioReference
LABORATORIES

104994572-6 THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

-FINAL- Original Report 07/03/2007

DOCTOR	EASTERLING CORR. FACILITY 200 WALLACE DR. CLIO, AL 36017 (334) 397-4471 (A0113-4)	FX	NAME THOMAS, BARRY	PATIENT I.D. / ROOM NO. 178628	DOCTOR / GROUP NAME DR. DARBOUZE
LAB I.D. NO.	104994572	DATE COLLECTED 07/02/2007	DATE RECEIVED 07/03/2007 09:45	DATE OF REPORT 7/3/2007 14:49	AGE 40 SEX Y M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* CARDIOVASCULAR/LIPIDS *

Cholesterol	175		< 200 mg/dl
Triglycerides	140		< 151 mg/dl
HDL CHOL., DIRECT	60		>35 mg/dl
HDL as % of Cholesterol	34 (> 25)	BELOW AVERAGE RISK	%
Chol/HDL Ratio	2.92 (<4.2)	BELOW AVERAGE RISK	
LDL/HDL Ratio	1.45		0-3.55
LDL Cholesterol	87		< 100 mg/dL

-----* HEMATOLOGY *

WBC	11.7		3.40-11.80 x10 (3)
RBC	5.9		4.20-5.90 x10 (6)
HGB		17.9 HI	12.3-17.0 gm/dl
HCT		53.5 HI	39.3-52.5 %
MCV	90.2		80.0-100.0 FL
MCH	30.2		25.0-34.1 pg
MCHC	33.5		30.0-35.0 gm/dl
RDW	13.4		10.9-16.9 %
POLYS	77		36-78 %
POLYS - COUNT, ABS	9009		1224-9204
LYMPHS	15		12-48 %
LYMPHS - COUNT, ABS	1755		408-5664
EOS	1		0-8 %
EOS - COUNT, ABS	117		34-944
BASOS	0		0-2 %
BASOS - COUNT, ABS	0		0-236
MONOS	7		0-13 %
MONOS - COUNT, ABS	819		170-1416
Platelet Count	250		144-400 x10 (3)

Continued on Next Page

Page: 2

A 7/9/07

James Welsberger, M.D.

481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407
1-800-229-1 ARS

PHS071

BioReference
LABORATORIES

104994572-6 THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

THOMAS, BARRY

-FINAL- Original Report 07/03/2007

NAME THOMAS, BARRY		PATIENT I.D. / ROOM NO. 178628		DOCTOR / GROUP NAME DR. DARBOUZE	
LAB I.D. NO. 104994572	DATE COLLECTED 07/02/2007	DATE RECEIVED 07/03/2007 09:45	DATE OF REPORT 7/3/2007 14:49	AGE 40	SEX Y M

Test Description	Result	Abnormal	Reference Range
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-----* MISCELLANEOUS *-----

PSA 3rd.GEN.	0.731	<4.0 ng/mL
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The PSA assay should not be the only test used for diagnostic purposes. Additional evaluation using DRE, ultrasound, TUR or similar procedures may be used for this purpose. Predictions of disease recurrence should not be based solely upon values obtained from serial PSA values obtained on the patient.
PSA method: Roche Diagnostics/electrochemiluminescence Immunoassay.

Final Report

Page: 3

7/9/07

James Weisberger, M.D.

481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407
1-800-229-LABS

PHS072

AL

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: EasterlingName: THOMAS - BarryState ID No.: 178 625DOB: 11-20-66Race: W Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>D. Payne</u>	Date of request <u>7-2-07</u>	Time of request	Routine <u>X</u>	Priority	Transportation or special needs
HISTORY/DIAGNOSIS: <u>* Best to Pt ability *</u>					

X-RAY REQUEST			
ABDOMEN/ACR		FINGERS	NAVICULAR VIEW
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)		FOOT	ORBITS
ANKLE		HAND	OS CALCEI (HEEL)
CERVICAL SPINE	<u>X</u>	HIP <u>RT- LT.</u>	PELVIS
CHEST PA / LATERAL		HUMERUS	RADIUS/ULNA
COCCYX		KNEE	RIBS
CONE DOWN SELLA TURCICA	<u>X</u>	LUMBAR SPINE	SACRO-ILIAC JOINTS
ELBOW		MANDIBLE	SCAPULA
FACIAL BONES		MAXILLA	SHOULDER
FEMUR		NASAL BONES	SKULL
			SOFT TISSUE STUDIES
			STERNUM
			TEMPORO-MANDIBULAR JOINTS
			THORACIC SPINE
			TIBIA/FIBULA
			TOES
			WRIST
			ZYGOMA
			ZYGOMATIC ARCH

Thomas

REPORT

LUMBAR SPINE: There is slight scoliosis of the spine with the curve directed to the left. The curvature measures approximately 10 degrees. The vertebral body heights are maintained. No significant disc space narrowing is detected.
IMPRESSION: MILD SCOLIOSIS.

BOTH HIPs: The examination shows no evidence of recent fracture or other significant bony abnormality.
IMPRESSION: NEGATIVE STUDY.

D & T: 07-03-07 Thomas J. Payne, III, M.D./km Board Certified Radiologist (Signature on file)

RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

DEPARTMENT'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE PRINTED

8 JUL 3 2007 16:01/ST.15:44/NO.6312281537 P 8

FROM CAHARA IMAGING

PHS073

BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-228-LABS

DOCTOR	EASTERLING CORR. FACILITY 200 WALLACE DR. CLIO, AL 36017 (334) 397-4471 (A0113-4)		DOB: 11/20/1966			
	-FINAL- Original Report 07/03/2007					
	NAME THOMAS, BARRY		PATIENT I.D./ROOM NO. 178628		DOCTOR / GROUP DR. DARBOUZE	
	LAB I.D. NO. 104994572	DATE COLLECTED 07/02/2007	DATE RECEIVED 07/03/2007 09:45	DATE OF REPORT 7/3/2007 12:30	AGE 40 Y	SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Comment :
NONFASTING

* CHEMISTRY *

Total Protein	7.8		5.9-8.4	gm/dl
Albumin	5.0		3.2-5.2	gm/dl
Globulin	2.8		1.7-3.7	gm/dL
A/G Ratio	1.8		1.1-2.9	
Glucose		116 HI	70-109	mg/dL
Sodium	145		133-145	mmol/L
Potassium	4.2		3.3-5.3	mmol/L
Chloride	104		96-108	mmol/L
CO2	23		21-29	mmol/L
BUN	11		7-25	mg/dl
* Creatinine	1.0		0.6-1.3	mg/dl
BUN/Creat Ratio	11		10-28	
Calcium	9.9		8.4-10.4	mg/dl
Uric Acid	5.5		2.4-7.0	mg/dl
Iron	117		30-160	mcg/dl
Bilirubin, Total	0.4		0.1-1.0	mg/dl
LDH	204		94-250	u/l
Alk Phos	72		39-120	u/l
AST (SGOT)	22		< 37	u/l
Phosphorous	3.4		2.6-4.5	mg/dl
ALT (SGPT)	21		< 40	u/L
G-GTP	17		7-51	u/L

* GFR, Estimated = 87.68 mL/min/1.73m2

Continued on Next Page

Page: 1

James Weinberger
James Weinberger, M.D.
Laboratory Director

7/3/07

BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-228-LABS

D O C T O R	EASTERLING CORR. FACILITY 200 WALLACE DR. CLIO, AL 36017 (334) 397-4471 (A0113-4)		DOB: 11/20/1966			
	-FINAL- Original Report 07/03/2007					
	NAME		PATIENT ID. / ROOM NO.		DOCTOR / GROUP	
	THOMAS, BARRY		178628		DR. DARBOUZE	
LAB ID. NO.		DATE COLLECTED		DATE RECEIVED		DR. DARBOUZE
104994572		07/02/2007		07/03/2007 09:45		7/3/2007 12:30
				40 Y		M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* CARDIOVASCULAR/LIPIDS *-----

Cholesterol	175		< 200 mg/dl
Triglycerides	140		< 151 mg/dl
HDL CHOL., DIRECT	60		>35 mg/dl
HDL as % of Cholesterol	34 (> 25)	BELOW AVERAGE RISK	%
Chol/HDL Ratio	2.92 (<4.2)	BELOW AVERAGE RISK	
LDL/HDL Ratio	1.45		0-3.55
LDL Cholesterol	87		< 100 mg/dL

-----* HEMATOLOGY *-----

WBC	11.7		3.40-11.80	x10(3)
RBC	5.9		4.20-5.90	x10(6)
HGB		17.9 HI	12.3-17.0	gm/dl
HCT		53.5 HI	39.3-52.5	%
MCV	90.2		80.0-100.0	FL
MCH	30.2		25.0-34.1	pg
MCHC	33.5		30.0-35.0	gm/dl
RDW	13.4		10.9-16.9	%
POLYS	77		36-78	%
POLYS - COUNT, ABS	9009		1224-9204	
LYMPHS	15		12-48	%
LYMPHS - COUNT, ABS	1755		408-5664	
EOS	1		0-8	%
EOS - COUNT, ABS	117		34-944	
BASOS	0		0-2	%
BASOS - COUNT, ABS	0		0-236	
MONOS	7		0-13	%
MONOS - COUNT, ABS	819		170-1416	
Platelet Count	250		144-400	x10(3)

Continued on Next Page

Page: 2

James Walsberger
James Walsberger, M.D.
Laboratory Director

2/2/07
[Signature]

BIOREFERENCE LABORATORIES

481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407
1-800-228-LABS

D O C T O R	EASTERLING CORR. FACILITY 200 WALLACE DR. CLIO, AL 36017 (334) 397-4471 (A0113-4)		DOB: 11/20/1966						
	-FINAL- Original Report 07/03/2007								
	NAME		PATIENT I.D. / ROOM NO.		DOCTOR / GROUP				
	THOMAS, BARRY		178628		DR. DARBOUZE				
LAB I.D. NO.		DATE COLLECTED		DATE RECEIVED		DATE OF REPORT		AGE	SEX
104994572		07/02/2007		07/03/2007 09:45		7/3/2007 12:30		40 Y	M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

-----* MISCELLANEOUS *-----

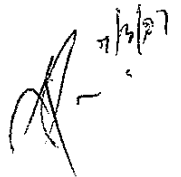
PSA 3rd.GEN.	0.731	<4.0 ng/mL
--------------	-------	------------

The PSA assay should not be the only test used for diagnostic purposes. Additional evaluation using DRE, ultrasound, TUR or similar procedures may be used for this purpose. Predictions of disease recurrence should not be based solely upon values obtained from serial PSA values obtained on the patient.
PSA method: Roche Diagnostics/electrochemiluminescence Immunoassay.

Final Report

Page: 3


James Weinberger, M.D.
Laboratory Director





DEPARTMENT OF CORRECTIONS

DATE: 6/28/07
11:00 am

URINALYSIS

LEUKOCYTES NegNITRITE NegUROBILINOGEN NormalPROTEIN NegpH 5BLOOD NegSPEC. GRAVITY 1.015KETONE NegGLUCOSE Neg

HCG _____

(Add: Final Labs Here)

INMATE NAME (LAST, FIRST, MIDDLE) <u>Thomas Barry</u>	DOC # <u>178628</u>	DOB <u>11/20/66</u>	RACE/SEX <u>W/M</u>	FAC. <u>PHS</u>
--	------------------------	------------------------	------------------------	--------------------

LABORATORY REPORTS

PHS-MD-70012

PHS077

ACCESSION NO. 131/178628	NAME <i>B. Garry</i> BAWY THOMAS	FACILITY Easterling
------------------------------------	---	-------------------------------

DATE COLLECTED 5/22/06	TIME COLLECTED 8:30 AM	DATE RECEIVED 5/26/06	TIME RECEIVED 8:30 AM
----------------------------------	----------------------------------	---------------------------------	---------------------------------

Test Name	Result	Out of Range	Reference Range
HIV ANTIBODY	NT		NEGATIVE (NEG)
RPR	NR		NON-REACTIVE (NR)
URINALYSIS			
PROTEIN	NT		NEGATIVE (NEG)
GLUCOSE	NT		NEGATIVE (NEG)
KETONES	NT		NEGATIVE (NEG)
BILIRUBIN	NT		NEGATIVE (NEG)
BLOOD	NT		< 5 RBC/MCL (NEG)
NITRITE	NT		NEGATIVE (NEG)
UROBILINOGEN	NT		< 1.0 MG/DL (NEG)
LEUK. ESTERASE	NT		NEGATIVE (NEG)

* NT = Not Tested

Specimen #	Type	Primary Lt	Report Status
335-297-0131-0	0	MR	FINAL
Additional Information			
DOB: 11/20/66			
CD- 31622934646			
Client Name	Sex	Age (Yr/Mos)	
THOMAS, BARRY	M	038/00	
Client Address			
Date Collected	Date Entered	Date Reported	
11/29/04	11/30/04	12/01/04	3149

Clinical Information	
12/01/04 07:11 ET	
Physician ID	Patient ID
0000000000	178628
Account	
Easterling Corr. Facility 01488855	
Prison Health Services 01	
200 Wallace Dr. 01	
Clio, AL 36017-0010	
334-397-4471 ALN	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
			1/2 Avg. Risk	3.4 3.3	
			Avg. Risk	5.0 4.4	
			2X Avg. Risk	9.6 7.1	
			3X Avg. Risk	23.4 11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of premature CHD.

thyroid					ME
TSH	2.371	uIU/mL	0.350 - 5.500		ME
Thyroxine (T4)	5.9	ug/dL	4.5 - 12.0		ME
T3 Uptake	37	%	24 - 39		ME
Free Thyroxine Index	2.2		1.2 - 4.9		ME
BC, Platelet Ct, and Diff					ME
White Blood Cell (WBC) Count	6.2	x10E3/uL	4.0 - 10.5		ME
Red Blood Cell (RBC) Count	5.23	x10E6/uL	4.10 - 5.60		ME
Hemoglobin	15.9	g/dL	12.5 - 17.0		ME
Hematocrit	46.8	%	36.0 - 50.0		ME
MCV	89	fL	80 - 98		ME
MCH	30.4	pg	27.0 - 34.0		ME
MCHC	34.0	g/dL	32.0 - 36.0		ME
RDW	13.4	%	11.7 - 15.0		ME
Platelets	181	x10E3/uL	140 - 415		ME
Neutrophils	51	%	40 - 74		ME
Lymphs	36	%	14 - 46		ME
Monocytes	9	%	4 - 13		ME
Eos	3	%	0 - 7		ME
Basos	1	%	0 - 3		ME
Neutrophils (Absolute)	3.2	x10E3/uL	1.8 - 7.8		ME
Lymphs (Absolute)	2.2	x10E3/uL	0.7 - 4.5		ME
Monocytes (Absolute)	0.6	x10E3/uL	0.1 - 1.0		ME
Eos (Absolute)	0.2	x10E3/uL	0.0 - 0.4		ME
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2		ME

LAB: MB LabCorp Birmingham DIRECTOR: Arthur Kelly, MD
1801 First Avenue South Birmingham, AL 35233-0000

OR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 334-792-0902 LAB: 205-581-3500
LAST PAGE OF REPORT

Handwritten signature and date: 12/01/04

THOMAS, BARRY

PATID: 178628

REPORT

SPEC DATE: 11/30/2004

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Specimen #	Type	Primary Lab	Report Status
334-397-2191-2	5	MS	FINAL
Additional Information			
DOB: 11/20/66			
CD- 51682954545			
Client Name	Sex	Age (Yr/Mos)	
THOMAS, BARRY	M	038/00	
Client Address			
Date Collected	Date Entered	Date Reported	
11/29/04	11/30/04	12/01/04	3149

Clinical Information	
Physician ID	Patient ID
DARBOUZE	178626
Account	
Easterling Corr. Facility	01488853
Prison Health Services	01
200 Wallace Dr.	01
Cllo	, AL 36017-0010
334-397-4471	GLN

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
MP12+LP+TP+TSH+6AC+CBC/D/Plt					
hemistries					ME
Glucose, Serum	93		mg/dL	65 - 99	ME
Uric Acid, Serum	5.8		mg/dL	2.4 - 8.2	ME
BUN	12		mg/dL	5 - 26	ME
Creatinine, Serum	0.7		mg/dL	0.5 - 1.5	ME
BUN/Creatinine Ratio	17			8 - 27	
Sodium, Serum	141		mmol/L	135 - 148	ME
Potassium, Serum	3.8		mmol/L	3.5 - 5.5	ME
Chloride, Serum	103		mmol/L	96 - 109	ME
Calcium, Serum	9.4		mg/dL	8.5 - 10.6	ME
Phosphorus, Serum	5.1	H	mg/dL	2.5 - 4.5	ME
Protein, Total, Serum	7.2		g/dL	6.0 - 8.5	ME
Albumin, Serum	4.4		g/dL	3.5 - 5.5	ME
Globulin, Total	2.8		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	ME
Alkaline Phosphatase, Serum	72		IU/L	25 - 150	ME
LDH	161		IU/L	100 - 250	ME
AST (SGOT)	24		IU/L	0 - 40	ME
ALT (SGPT)	27		IU/L	0 - 40	ME
GGT	25		IU/L	0 - 65	ME
Iron, Serum	114		ug/dL	40 - 155	ME
lipids					ME
Cholesterol, Total	253	H	mg/dL	100 - 199	ME
Triglycerides	348	H	mg/dL	0 - 149	ME
HDL Cholesterol	47		mg/dL	40 - 59	ME
VLDL Cholesterol Calc	70	H	mg/dL	5 - 40	
LDL Cholesterol Calc	136	H	mg/dL	0 - 99	ME
Comment					ME

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
---------------	----------	--	---

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
T. Chol/HDL Ratio	5.4	H ratio units	0.3 - 5.0
Estimated CHD Risk	1.1	H times avg.	0.0 - 1.0

T. Chol/HDL Ratio

Med. Wound

THOMAS, BARRY

PATID: 173626

REPORT

SPEC DATE: 11/30/04

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LabCorp

Additional Information
 DOB: 11/20/66
 CD- 51619533784
 Patient Name: THOMAS, BARRY
 Sex: M Age (Yr/Mos): 037/10
 Date Collected: 10/05/04 Date Entered: 10/05/04 Date Reported: 10/06/04 2763

Clinical Information
 10/06/04 09:28 ET
 Physician ID: 178628
 Account: Easterling Corr. Facility 01498855
 Prison Health Services 01
 200 Wallace Dr. 01
 Cllo, AL 36017-0010
 334-397-4471 ALN

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
			1/2 Avg. Risk	3.4 3.3	
			Avg. Risk	5.0 4.4	
			2X Avg. Risk	9.6 7.1	
			3X Avg. Risk	23.4 11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid					ME
TSH	2.837		uIU/mL	0.350 - 5.500	ME
Thyroxine (T4)	5.8		ug/dL	4.5 - 12.0	ME
T3 Uptake	35		%	24 - 39	ME
Free Thyroxine Index	2.0			1.2 - 4.9	ME
WBC, Platelet Ct, and Diff					ME
White Blood Cell (WBC) Count	6.1		x10E3/uL	4.0 - 10.5	ME
Red Blood Cell (RBC) Count	5.32		x10E6/uL	4.10 - 5.60	ME
Hemoglobin	16.3		g/dL	12.5 - 17.0	ME
Hematocrit	47.8		%	36.0 - 50.0	ME
MCV	90		fL	80 - 98	ME
MCH	30.6		pg	27.0 - 34.0	ME
MCHC	34.0		g/dL	32.0 - 36.0	ME
RDW	13.9		%	11.7 - 15.0	ME
Platelets	194		x10E3/uL	140 - 415	ME
Neutrophils	57		%	40 - 74	ME
Lymphs	31		%	14 - 46	ME
Monocytes	8		%	4 - 13	ME
Eos	3		%	0 - 7	ME
Basos	1		%	0 - 3	ME
Neutrophils (Absolute)	3.5		x10E3/uL	1.8 - 7.8	ME
Lymphs (Absolute)	1.9		x10E3/uL	0.7 - 4.5	ME
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 1.0	ME
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	ME
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	ME

Please note

The date and/or time of collection was not indicated on the requisition as required by state and federal law. The date of receipt of the specimen was used as the collection date if not supplied.

LAB: MB LabCorp Birmingham DIRECTOR: Arthur Kelly, MD
 1801 First Avenue South Birmingham, AL 35233-0000

10/07/04

AL

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: EasterlingName: THOMAS - BARRYState ID No.: 178628DOB: 11-20-66Race: W Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

Date of request

Time of request

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

6-11-07 Officer Gordon
 TI 756
 TO 1000
 NO SHOW

X-RAY REQUEST

ABDOMEN/KUB	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	LUMBAR SPINE	SACRO-ILIAC JOINTS	WREST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

Thomas

REPORT

LUMBAR SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.

IMPRESSION: NORMAL STUDY.

D & T: 06-13-07 Maurice H. Rowell/rr Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE, TIME

(WED) JUN 13 2007 12:50/ST. 12:08/NO. 6312281831 P 2

FROM CAHARA IMAGING

PHS082

AL

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: EasklinName: Thomas BawState ID No: 178628DOB: 11-20-66Race: W/mSex:

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP <u>Dr. Danouze</u>	Date of request <u>11-28-05</u>	Time of request	Routine	Priority	Transportation or special needs
HISTORY/DIAGNOSIS:					

X-RAY REQUEST					
ABDOMEN/KUB		FINGERS		NAVICULAR VIEW	
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)		FOOT		ORBITS	
ANKLE		HAND		OS CALCEI (HEEL)	
CERVICAL SPINE		HIP		PELVIS	
CHEST PA / LATERAL		HUMERUS		RADIUS/ULNA	
COCCYX		KNEE		RIBS	
CONE DOWN SELLA TURCICA	X	LUMBAR SPINE		SACRO-ILIAC JOINTS	
ELBOW		MANDIBLE		SCAPULA	
FACIAL BONES		MAXILLA		SHOULDER	
FEMUR		NASAL BONES		SKULL	
				SOFT TISSUE STUDIES	
				STERNUM	
				TEMPO-MANDIBULAR JOINTS	
				THORACIC SPINE	
				TIBIA/FIBULA	
				TOES	
				WRIST	
				ZYGOMA	
				ZYGOMATIC ARCH	

REPORT

Thomas

LUMBAR SPINE: The vertebrae are well aligned and show no evidence of any fracture or any destructive bone disease.

IMPRESSION: NORMAL STUDY.

D & T: 11-28-05 Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file) p

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

BILLOWE WOLFE WOLF

PHS083

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: BARRY R. THOMAS Date of Request: 1-31-2001

ID #: 178628 Date of Birth: 11-20-66 Housing Location: KFD-71

Nature of problem or request: TOOTH FILLING HAS CHIPPED IN
A FRONT TOOTH.

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

RHC
of Feb. 23, 2001 at 1:00pm

Refer to: _____ PA/Physician _____ Mental Health ☒ Dental

Signature: M. Squire Title: RHC Date: 2-1-01 Time: 9:30 AM

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry Thomas Date of Request: 11-29-98
ID #: 178628 Date of Birth: 11-20-66 Housing Location: K-71
Nature of problem or request: Filling came out of a front tooth.

I consent to be treated by health staff for the condition described.

Barry Thomas
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

Refer to: PA/Physician _____ Mental Health _____ Dental _____

Signature: E. Hardy Title: PA Date: 11/30/98 Time: 10:55am

CMS 7166 REV. 10/94

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: 8-5-98
ID #: 178628 Date of Birth: 11-20-66 Housing Location: KCB-19
Nature of problem or request: Filling fell out of a front
tooth.

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan: RTC for OP

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: E. Bowdy Title: DA Date: 8-6-98 Time: 9:25 Am

**CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM**

Print Name: Barry R. Thomas Date of Request: Jan. 6, 1998
ID #: 178628 Date of Birth: 11-20-66 Housing Location: KCB-19
Nature of problem or request: Need teeth cleaned

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

**PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA**

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

RHC
px

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: M Squire Title: RDT Date: 1-6-98 Time: _____

CORRECTIONAL MEDICAL SERVICES
HEALTH SERVICES REQUEST FORM

Print Name: Barry R. Thomas Date of Request: 1-1-97

ID #: 178628 Date of Birth: 11-20-96 Housing Location: KCB-19

Nature of problem or request: I would like an appointment to
have my teeth cleaned. (I'll be at print shop dental call)
Thank you

I consent to be treated by health staff for the condition described.

Barry R. Thomas
SIGNATURE

PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA
DO NOT WRITE BELOW THIS AREA

HEALTH CARE DOCUMENTATION

Subjective:

Objective: BP _____ P _____ R _____ T _____

Assessment:

Plan:

RYC
PX

Refer to: _____ PA/Physician _____ Mental Health _____ Dental

Signature: M. Squire Title: RDH Date: 1-2-97 Time: _____



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, BARRY THOMAS 178628
(Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- () Splint
() Eyeglasses
() Dentures
() Prothesis describe _____
() Wheelchair
() Cane
(X) Crutches X 1 week START 7-2-07
() Other describe _____

Return 7/9/07

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Barry Thomas 178628 7/2/07
(Inmate) (Date)

[Signature] 7-2-07
(Witness) (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
THOMAS - BARRY	178628	11-20-66	W/M	EAS.

PHS-MD-70005

(White - Medical File, Yellow - Security Property Officer)



PRISON
HEALTH
SERVICES
INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 7-2-07

To: Doc

From: HCU

Inmate Name: BARRY THOMAS ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

CPUtches X 1 week

START 7-2-07 STOP 7-9-07

Date: 7-2-07 MD Signature: DR DA Long / B. Chaudh Time: 12¹⁰/17

60418

Barry Thomas 178628



RELEASE OF RESPONSIBILITY

Inmate's Name: Barry ThomasDate of Birth: 11/20/66 Social Security No.: _____Date: 6/22/07 Time: 7:15 A.M.
P.M.This is to certify that I, Barry Thomas, currently in
(Print Inmate's Name)custody at the Easterling, am refusing to
(Print Facility's Name)accept the following treatment/recommendations: refuses MD appt.
(Specify in Detail)
on 6/22/07

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Barry Thomas (Signature of Inmate)**

(Signature of Medical Person)
S. Bushupri

(Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



E2-6A

RELEASE OF RESPONSIBILITY

Inmate's Name: Thomas, BarryDate of Birth: 11/20/66 Social Security No.: 178628Date: 6-14-07 Time: 9:00 P.M.This is to certify that I, Thomas, Barry, currently in
(Print Inmate's Name)custody at the ECF, am refusing to
(Print Facility's Name)accept the following treatment/recommendations: sick call no show
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Refusal to sign
(Signature of Inmate)**

[Signature]
(Signature of Medical Person)

[Signature]
(Witness)

[Signature]
(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



DEPARTMENT OF CORRECTIONS

RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, BARRY R. THOMAS 178628
 (Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- () Splint
 () Eyeglasses
 () Dentures
 () Prosthesis describe _____
 () Wheelchair
 () Cane
 (X) Crutches
 () Other describe 1 Crutch + 1 walker

*Collected
6/18/07
DS*

6/8/07 - 6/15/07

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Barry Thomas
 (Inmate)

6/15/07
 (Date)

[Signature]
 (Witness)

6/15/07
 (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
THOMAS BARRY	178628	11/20/66	W/M	Elstark



SPECIAL NEEDS COMMUNICATION FORM

Date: 6-8-07

To: Doc

From: Hcu

Inmate Name: THOMAS - BARRY ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

CRUTCH X 1 WEEK

START 6-8-07 STOP 6-15-07

Date: 6-8-07 MD Signature: Dr Day / Doc Time: 1³⁰

60418

X Barry Thomas

PRISON
HEALTH
SERVICES
INCORPORATED

EMERGENCY

ADMISSION DATE 6/18/07 4:50		TIME AM PM	ORIGINATING FACILITY ECF		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 97.5		ORAL RECTAL	RESP. 20	PULSE 76	B/P 122/78	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS 5- "My lower back pain is getting worse. I can hobble enough in the afternoon to make it to pull call & chow, but it's impossible to do it in the AM anymore" - States did not fall - just unable to walk.			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z LACERATION / Z SUTURES			
PHYSICAL EXAMINATION 0-1/M to HCU via stretcher, SKIN w/d, resp ext'd & unlabored. No pain @ L back down mid posterior @ leg down to ankle. Muscle tight in @ L back. Placed in infirmary via WC - 1/M being to R in WC. States is unable to sit upright for more than a few minutes.			 PROFILE RIGHT OR LEFT RIGHT OR LEFT			
A - alt comfort			ORDERS / MEDICATIONS / IV FLUIDS P-Give a.m. meds - hold in infirmary until seen by MD. This a.m.			
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE / /		TIME AM PM	RELEASE / TRANSFERRED TO		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE J. Smith		DATE 6/18/07	PHYSICIAN'S SIGNATURE A		DATE 6/18/07	
INMATE NAME (LAST, FIRST, MIDDLE) THOMAS, BARRY			DOB# 178628	DOB 11-20-66	R/S W/M	FAC. ECF



SPECIAL NEEDS COMMUNICATION FORM

Date: 6-5-07

To: Doc

From: PH

Inmate Name: Thomas Baw ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Bottom Bank Profile X 2wks
6-5-07 → 6-19-07

Date: 6-5-07 MD Signature: W Dr. Dabore/jm Time: 12:35 pm

Baw Thomas 178628

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 5-30-07

To: DOC - Easerling

From: HCU

Inmate Name: Thomas, Barry ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Continue Bottom Bunk profile until seen by MD on 6-5-07.

Date: 5-30-07 MD Signature: W.D. Dalbruge / Culamito, RN Time: 5:50 pm

60418

Barry Thomas



RELEASE OF RESPONSIBILITY

Inmate's Name: BARRY THOMAS

Date of Birth: 11-20-66 Social Security No.: ATIS # 178628

Date: 5-29-07 Time: 800 AM.
PM.

This is to certify that I, Barry Thomas, currently in
(Print Inmate's Name)

custody at the Easterling, am refusing to
(Print Facility's Name)

accept the following treatment/recommendations: SICK call 5-29-07
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Barry Thomas 178628
(Signature of Inmate)**

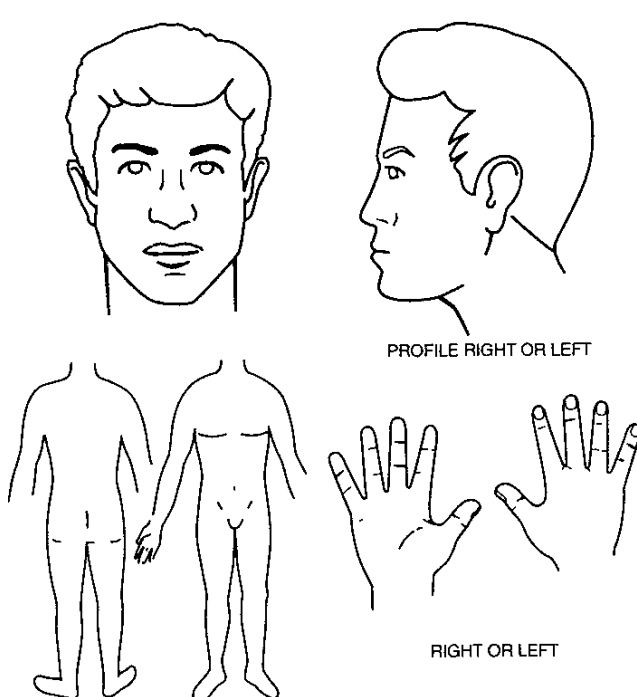
Wamela
(Signature of Medical Person)

James W. Hill COI
(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

EMERGENCY

ADMISSION DATE 5/28/07		TIME 8:45 <small>AM PM</small>	ORIGINATING FACILITY East	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OUTPATIENT	
ALLERGIES NKA			CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 97 <small>ORAL RECTAL</small>		RESP. 16	PULSE 80	B/P 124/80	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS S. I have Pressure on my nerve. I can't put any pressure on my leg. O- Brought to Human Services. A-OK. Legs are. Able to overcome gravity. I am able to flex & ext legs & difficult. No pain to @ lip area. Broken area on bruises noted site.			ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURES		
					
PHYSICAL EXAMINATION A alt-in comfort P- Ambulate & assist to Infirmary for observation 11:30 Ambulating in Infirmary & assist. Gait steady. States I feel better the pain goes & goes. 12:00 Released to pop. Encouraged compliant & med tx.			ORDERS / MEDICATIONS / IV FLUIDS TIME BY		
DIAGNOSIS					
INSTRUCTIONS TO PATIENT					
DISCHARGE DATE 5/28/07		TIME 12:15 <small>AM PM</small>	RELEASE / TRANSFERRED TO DOC	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE [Signature]		DATE	PHYSICIAN'S SIGNATURE [Signature]	DATE 5/28/07	CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) Thomas Barry			DOC# 178648	DOB 11-20-66	R/S W/M FAC. EC



SPECIAL NEEDS COMMUNICATION FORM

Date: 5-15-07To: DocFrom: HCUInmate Name: BARRY THOMAS ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Bottom Back Profile X 2 weeksSTART 5-15-07 STOP 5-30-07Barry R. Thomas 178628Date: 5-15-07 MD Signature: DK Dyer / D. Dyer Time: 11:52 AM

60418

**RELEASE OF RESPONSIBILITY**Inmate's Name: Barry ThomasDate of Birth: 11/20/66 Social Security No.: # 178628Date: 5/3/07 Time: 1015 AM.
P.M.This is to certify that I, Barry Thomas, currently in
(Print Inmate's Name)custody at the ECF, am refusing to
(Print Facility's Name)accept the following treatment/recommendations: no show S/K
(Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)**

(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

HEALTH CARE UNIT
PATIENT INFORMATION SLIPVentress

INSTITUTION

Barry Thomas 178628 W
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____
(date) due to _____
(date)

Instructions:

Return to the HCU
10-15-02 @ 8³⁰am to
See Ms King

Failure to follow the directions above may result in a disciplinary.

10-15-02

Date Issued

Signature

Barry Thomas

F-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIPVentress

INSTITUTION

Thomas, Barry 178628
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____
(date) due to _____
(date)

Instructions:

To HCU on Wednesday
October 30, 2002 at 1³⁰pm
for follow up with Dr. Daugh.

Failure to follow the directions above may result in a disciplinary.

10-24-02

Date Issued

Signature

F-53

Barry Thomas

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

VCF

INSTITUTION

Thomas, Barry 178628 W/M
NAME NUMBER R/SLay-in for _____ days from _____ to _____
(date) due to _____
(date)

Instructions:

Return to HCU on Monday
7/22/02 at 1:30pm to
see MID

Failure to follow the directions above may result in a disciplinary.

Date Issued

7/19/02

Signature

W. Strickland
Barry L. Thomas

F-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

VCF

INSTITUTION

Thomas, Barry 178628 W/M
NAME NUMBER R/SLay-in for _____ days from _____ to _____
(date) due to _____
(date)

Instructions:

Slide profile for 1 week
7/23/02 to end 7/30/02

Failure to follow the directions above may result in a disciplinary.

Date Issued

7/22/02

Signature

W. Strickland

F-53

Barry L. Thomas

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

VCF

INSTITUTION

Thomas Barry

NAME

178628 w/m

NUMBER

R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

Instructions:

Return to HCU

on Fri. 7/19/02

at 130pm for MD

appt.

Failure to follow the directions above may result in a disciplinary.

Date Issued

7/17/02

Signature

D. Baugh

Barry Thomas

F-53

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: Thomas, Barry R Date: 5-13-02 Time: 9:15 AM
 DOB: 11-20-66 Officer: A. Woods Institution: VCF

Receiving Officer's Visual OpinionYes ☒ No ☐

1. Is the inmate conscious? ☒ Yes ☐ No
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? ☐ Yes ☐ No
3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? ☐ Yes ☒ No
4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? ☐ Yes ☒ No
5. Is the skin in poor condition or show signs of vermin or rashes? ☐ Yes ☒ No
6. Does the inmate appear to be under the influence of alcohol or drugs? ☐ Yes ☒ No
7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) ☐ Yes ☒ No
8. Is the inmate making any verbal threats to staff or other inmates? ☐ Yes ☒ No
9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? ☐ Yes ☒ No
10. Does the inmate have any obvious physical handicaps? ☐ Yes ☒ No

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? ☐ Yes ☒ No
12. Are you on any special diet prescribed by a physician? (if YES, what type?) ☐ Yes ☒ No
13. Do you have a history of venereal disease or abnormal discharge? ☐ Yes ☒ No
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? ☐ Yes ☒ No
15. Have you ever attempted suicide? 3 times ☒ Yes ☐ No
 (If YES, When? 1984, 1989, 1994 How? Valium overdose, handgun)
16. Do you want to do any harm to yourself now? 3 overdose ☒ Yes ☐ No

All inmates have access to healthcare 24 hrs. a day, 7 days a week. Treatment for routine health services complaints is processed through nurse sick call. You must complete a sick call screening form for requested health care evaluation. Various doctor's clinics are held in the health unit Monday through Friday. If you are scheduled to be seen in a clinic you will be advised by facility daily newsletters routinely post notices of who is to report when and where for health care services. If you complete a sick-call form, please report to sick call the next business day, no later than 5:30am. Routine sick call will not be posted in the newsletter, but D.O.C. has a log of who has signed up for sick call. If you request health services and do not show for evaluation you must sign a refusal of treatment form. If a health services appointment/clinic or treatment has been set for you and you do not show you will also have to sign a refusal of treatment for. This is to let us know you have decided you are okay and no longer need to see us. Nurses are in house twenty-four hours a day seven days a week for routine health services and programs. Nurses are also available for emergency care. Doctor's are on call twenty-four hours a day seven days a week. In-house medical staff reviews medical services requested over the weekend and on holidays. If your request is noted to be of a nature that will not wait until the next regularly scheduled evaluation (triage) time, you will be called to the health unit for further follow-up during this time period other wise your request will be held until the next regularly scheduled evaluation process. Medical emergencies such as those involving intense pain, potential life threatening situations or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest correctional officer of an emergency so prompt access to health services is provided. Medications ordered for you by health services are to be picked up at the scheduled pill call/s established as the Doctor has ordered for you. If you fail to pick-up medications as expected you will be called for counseling. If you continue to fail to pick-up your medications you will be required to sign a refusal of treatment form. Remember that health services are a joint effort between the patient and the health care provider. We expect you to help us help you. Fee for services. You truly understand that no one would be denied access to health services because they are unable to pay the \$3.00 co-pay fee. You will be seen and services will be provided that are appropriate and deemed necessary. Health services staff does not collect co-pay fees for health services nor do monies collected go to the medical provider. A nurse visit or doctor visit charge of \$3.00 is the co-pay fee. If you do not have money in your PMOD account and you are assessed a charge you will have a negative balance in your until this is cleared. A negative balance will follow you from institution to institution upon transfer. When you seek health services you will be asked to sign the co-pay signature sheet. If it is deemed that you indeed do not owe for services your account will not be charged and if a false charge is made you will be refunded. Again we do have money and are eligible to be charged the co-pay fee this will occur. If the health unit initiates the request for you to be seen there is no charge. Educational in-services are routinely scheduled. Please attend and participate. Notice of in-services topics, dates and times will be published and posted in advance. Complaints against health care are attempted to be resolved as soon as possible and as reasonably as possible. You may obtain a complaint form from the same place you obtain sick call request slips and you may return these where you return your sick call request slips. If your complaint is not resolved when health services person speaks with you, you may file a grievance. This form will be given to you by the health person that has attempted to resolve the complaint. A complaint form must be initiated before a grievance form can be completed. Let your family and loved one's know health services will not disclose your medical care through conversations with them. If we are contacted you should know that we will review your health records but will have to let them know what you feel they should know about you. Understand, we will assure your family and loved one's you have health services available. We will also tell them that they must go through you or the Department of Corrections for release of information and that you must go through the appropriate procedures and access health services and also follow medical service recommendations. Be compliant with

The health services provided for you by your health providers. If you have had health services outside the prison system and we do not have these records you will need to sign release of records forms so we can obtain copies for placement in your institutional health record. A physical is begun on you upon your arrival into the prison system. You will be notified yearly thereafter when your next physical is scheduled. Mental health services dental services; medical services, chronic care clinics and many other health services are available. We wish you a healthy stay. If you need medical services we want you to understand how these services are obtained. Certain over the counter medications are available to you through canteen purchase. Medical service is not involved in canteen operations. We follow doctor's orders when dispensing medication-dose and time. If over the counter medication is given by health services it is through the order of a doctor. Population pill call at this institution are scheduled as listed below. If you have medication ordered report to the pill call your medication is to be dispensed at.

3:00 AM	3:00PM
9:00 AM	6:00PM

segregation lock-up pill call times are as listed below. Your medication will be issued to you on medication rounds.

3:00 AM	2:30PM
8:00 AM	

If you have a question request an answer.

Barry Thomas 4-16-02
INMATE SIGNATURE/ DATE

[Signature] 4/16
WITNESS SIGNATURE/DATE

137178628

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

Inmate's Name: Thomas, Barry R Date: 3-8-02 Time: _____DOB: 11-20-66 Officer: _____ Institution: VCFReceiving Officer's Visual Opinion

Yes No

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Is the inmate conscious? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is the skin in poor condition or show signs of vermin or rashes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Is the inmate making any verbal threats to staff or other inmates? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Does the inmate have any obvious physical handicaps? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- | | | |
|---|--------------------------|-------------------------------------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Are you on any special diet prescribed by a physician? (if YES, what type?) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Do you have a history of venereal disease or abnormal discharge? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Have you ever attempted suicide? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (If YES, When? _____ How? _____) | | |
| 16. Do you want to do any harm to yourself now? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

	Yes	No	No Response
17. Do you want to talk to a mental health counselor?	_____	<input checked="" type="checkbox"/>	_____
18. Are you allergic to any medication?	_____	<input checked="" type="checkbox"/>	_____
19. Have you recently fainted or had a head injury?	_____	<input checked="" type="checkbox"/>	_____
20. Do you have epilepsy?	_____	<input checked="" type="checkbox"/>	_____
21. Do you have a history of tuberculosis?	_____	<input checked="" type="checkbox"/>	_____
22. Do you have diabetes?	_____	<input checked="" type="checkbox"/>	_____
23. Do you have hepatitis?	_____	<input checked="" type="checkbox"/>	_____
24. Do you have a painful dental problem?	_____	<input checked="" type="checkbox"/>	_____
25. Do you have any medical problem we should know about?	_____	<input checked="" type="checkbox"/>	_____
26. Do you have a past alcohol or drug history?	_____	<input checked="" type="checkbox"/>	_____
What type? <u>alcohol</u> How much use? <u>light</u>			
For how long? <u>1 yr.</u> Last time used? <u>1993</u>			

Comments: (Unusual behavior, etc.)

For the Officer:

27. Was the new inmate briefed on sick/dental call procedures? yes
28. This inmate was: a. Released for normal processing ✓
- b. Referred to appropriate health care unit ✓
- c. Immediately sent to health care unit _____

Officer's Signature

Note: This form is completed on inter and intra system transfers at receiving and will be filed in the inmates medical jacket to comply with ACA Standards 2-4289, 2-4290 and AMA Standard 140.

Inmate's Signature



SPECIAL NEEDS COMMUNICATION FORM

Date: 12/9/05

To: DOC

From: PHS

Inmate Name: Thomas Barry ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

No Prolong Standing + 2 weeks
12/9/05 - 12/23/05

Date: 12/9/05 MD Signature: Wanda Darby Time: 1:30 pm

X Barry T. Thomas 178628

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 11-18-05

To: Doc

From: PHS

Inmate Name: Thomas Barry ID#: 178628

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

NO Prolonged Standing Profile X 2
Wks - 11-18-05 → 12-2-05

Date: 11-18-05 MD Signature: VO Dr Dabore / PH Time: 9⁰⁰ AM

60418

Barry R. Thomas

PRISON HEALTH SERVICES
Alabama Department of Corrections
KOP Medication Protocol

The KOP program will allow specific inmates to keep certain kinds of medications on their possession. If they are caught selling, trading, or not taking the medication correctly, they will be removed from the list and face possible disciplinary actions. The KOP medications will include formulary medications.

1. The inmate will have in his possession the medication in blister pack. The inmate should take the medication as directed on the package sticker.
2. The inmate is to bring the package to the infirmary when he gets down to the reorder row of pills so the nursing staff can pull the sticker off the card and reorder. If the inmate waits until they have finished the last row of pills before coming to the nurse, they are likely to run out before their order comes in. The card will be checked at this time against the MAR to determine if the number of pills remaining is accurate (not too many left, not too few). This will be noted by looking at the date the card was given. Each inmate is responsible for keeping their medication in a secure area. We will not be responsible for stolen medications.
3. When the inmate receives their card of medication, usually #30 tabs per card, they should pop them out in numerical order, i.e. #30, #29, etc.
4. In order to be eligible for KOP, the inmate must have a good history of compliance and voice understanding of how this system works. They will not be eligible if their medication is insulin or a psychotropic medication, or has been known to be non-complaint in the past. The inmate will be required to come to the infirmary and sign a KOP agreement that we have formulated. At this time the staff will explain the procedure to the inmate and document that the information was explained and the individual can again sign that the program has been explained in its entirety.
5. Once we have established the program, other will be free to request to be placed on KOP. If research finds that he will qualify, we will repeat the above with this individual.
6. We will not place just anyone on KOP. The individual must have past history evaluated first. This program will not include out-patient or inpatient mental health inmates.
7. Inmates may be requested to present for a medication check at any time to see that the correct number of pills are accounted for. The Medical Staff will be doing random checks for compliance.
8. The inmate holds harmless PHS and its healthcare providers for incidents that may result from the inmate taking medication improperly, exchanging the medicine with other inmates, and consuming drugs/medication provided by other individuals that result in drug interactions.

Inmate Signature: *Ray Thomas* AIS#: *178620*
 Nurse Signature: *[Signature]* Date: _____



Release of Responsibility

BARRY R. THOMAS
Name of Inmate

4-25-03
Date

178625 11-20-66
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

MD appt.

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Barry R. Thomas
Inmate Signature

SBush
Witness

4/25/03 11A
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

Date / Time

Witness

Release of Responsibility

NC025

PHS113



Release of Responsibility

Thomas Barry
Name of Inmate

4/11/03
Date

128628
Inmate ID Number/Date of Birth

I hereby refuse to accept the following treatment / recommendations:

Sick call screening

I acknowledge that I have been fully informed of and understand the above treatment(s) or recommendation(s) and the risk(s) involved in refusing. I hereby release and agree to hold harmless NaphCare, Inc., its employees and agents from all responsibility and ill effect which may result from this action.

Thomas Barry
Inmate Signature

SBushum
Witness

4-11-03
Date / Time

The aforementioned inmate has refused the listed medical treatment(s)/recommendation(s) and has refused to sign this form.

Witness

Date / Time

Witness

Release of Responsibility

NC025

PHS114

HEALTH STATUS

Transferring
 Facility: Ventures
 Date: 4-3-03
 Time: 13 10
 Allergies: NKA
 Food Handler Approved Y/N

Name: Thomas, Barry
 AIS: 178628
 Age: _____ Date of Birth: 11-20-66
 Race: w Sex: m

Current Acute Conditions/Problems: _____
 Chronic Conditions/ Problems: Co

Current Medications- Name, Dosage, Frequency, Duration:
 Acute short term medications _____

Chronic Long Term Medications _____

Chronic Psychotropic Medications _____

Current Treatments: _____
 Follow up care Needed _____

Last PPD 7-28-02 Results OK mms Last Physical 7/30/02

Chronic Clinics _____

Specialty Referrals _____

Significant Medical History constipation, migraine HA

Physical Disabilities/Limitations _____

Assistive Devices/Prosthetics _____ Glasses _____ Contacts _____

Mental Health History/Concerns _____

Substance abuse Y/N Alcohol Y/N Drugs Y/N
 Hx Suicide Attempt Date 1/1
 Hx Psychotropic Medication _____
 Previous Psychiatric Hospitalizations _____

Signature/Title/Date
Mcnefield f 4-3-03

Transfer Reception Screening

Date: 4/4/03 Time: 12:30 am pm
 S: Current complaint N/A

Current medications/Treatments
N/A

O Physical Appearance/Behavior Wt 168 lbs

Deformities: Acute/Chronic N/A

188 P/B R 18 B/P 110/80

A well maintained white male 5 current medical c/p

P Disposition (Instructions: Check or circle as appropriate)

☒ Routine sick call instructions given

☒ Emergency referral

☒ HIV/TB Instructions given

☒ Physician referral

Urgent / Routine ☒

☒ Medication Evaluation

☒ Work/Program Limitation

☒ Special Housing

☒ Specialty Referrals

☒ Chronic Clinics

☒ Mental Health

☒ OTHER

☒ Infirmary Placement

Receiving Facility:

East

Signature/ Title:

Bracewell LPV

*Explain to
 the healthcare
 providers
 the instructions*

EASTERLING CORRECTIONAL FACILITY PROCEDURE FOR ACCESS TO HEALTH CARE

Treatment for routine medical complaints and mental health complaints are processed through nurse screening seven days a week. Inmates must complete a sick-call screening form and turn this form into medical services for processing. You may obtain screening forms from any dorm cube or shift commander's office. you need to place the screening form in the locked box located at the dining hall. All health service requests are subject to a \$3.00 co-pay being deducted from your PMOD account, depending on the nature of your request. Forms for segregation inmates will be collected by nursing personnel on 4:00am medication rounds. Doctor's clinic is held Monday through Friday excluding holidays or an unexpected emergency.

Inmates on sick-call screening must report for screening or sign a refusal of treatment form declining care. Screening for population is held on 1st shift at approximately 7:00am. Screening for segregation is held during the morning pill call rounds. Sick-call screening is held Sunday through Friday.

Pill call times for this institution are as follows:

POPULATION	DIABETIC	SEGREGATION
4:00am	3:00am	4:00am
9:00am	9:00am	10:00am
5:00pm	3:00pm	5:00pm

Medical request on weekends and holidays are reviewed. Any request for medical attention that cannot wait until the next sick-call clinic will be processed at that time. All other request will be held until regular Sunday through Friday sick call. Medical emergencies, such as those involving intense pain, potential life-threatening situations, or when delaying treatment might cause permanent damage are dealt with at any time. Advise the nearest Correctional Officer of an emergency, so prompt access to health care is provided.

You are required to sign up for Dental sick call using the same procedure as medical sick call. Population and Segregation Dental Screenings are held weekly on Monday evenings at 1:00pm in the Health Care Unit. Follow-up care, if needed, is scheduled at this time. Emergency dental service is provided 24 hours a day with a dentist on call. Those not meeting scheduled appointments must sign a refusal of treatment form.

Your medical care is important. This is a joint effort between you and the Health Care Staff. Prescribed medications are to be picked up at pill-call, appointments kept, and education in services attended.

Comfort medications, such as cold medicine, headache medicine ect. are available in the canteen.

We ask that medical complaints against the Health Care Unit try and be resolved face to face. If concerns cannot be resolved verbally, a written complaint may be filed. You may get this form in the Health Care Unit. You must complete this form listing specifically the reason for dissatisfaction, steps you have taken and the action requested to resolve the problem. Return this form to the Health Care Unit.

<u>Burt L. Thomas</u> Inmate Signature	<u>178625</u> AIS#	<u>4-4-03</u> Date
<u>B. Phares</u> Witness	<u>4/4/03</u> Date	<u>1235</u> Time

N610

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

B/182002
 Inmate's Name: BARRY THOMAS Date: 6-16-95 Time: 10:24am
 DOB: 3-22-75 Officer: BROWN Institution: B.C.C.F.

Booking Officer's Visual Opinion

Yes No

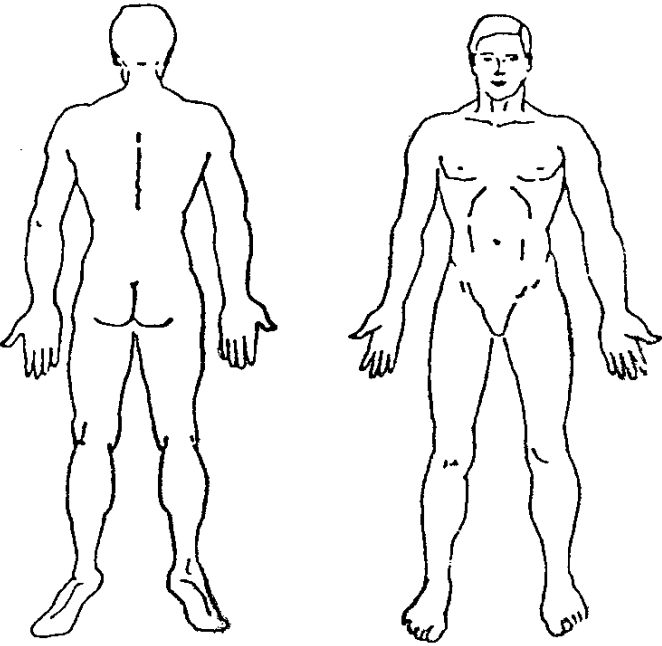
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. Is the inmate conscious? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infection which might spread through the institution? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is the skin in poor condition or show signs of vermin or rashes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Are there any visible signs of alcohol or drug withdrawal? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Is the inmate making any verbal threats to staff or other inmates? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Does the inmate have any obvious physical handicaps? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer is YES to any questions from 2-10 above, specify WHY in section below.

- | | | |
|---|--------------------------|-------------------------------------|
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Are you on any special diet prescribed by a physician? (if YES, what type?) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Do you have a history of venereal disease or abnormal discharge? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Have you ever attempted suicide? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (If YES, When? _____ How? _____) | | |
| 6. Do you want to do any harm to yourself now? | <input type="checkbox"/> | <input type="checkbox"/> |

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 10-29-94	TIME 11:25 AM	FACILITY KCF	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP _____ ORAL RECTAL _____ RESP. _____ PULSE _____ B/P _____		RECHECK IF SYSTOLIC _____ <100 > 50		
NATURE OF INJURY OR ILLNESS		ABRASION///	CONTUSION #	BURN ^{xx} / _{xx} FRACTURE ^Z / _Z
S - LEANING back in chair fell backward & hit his head. Out for 1 second Headache		LACERATION/ SUTURES		
PHYSICAL EXAMINATION				
0 - No contusion or hematoma Noted				
ORDERS, MEDICATION, etc.				
P - Tylenol				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
DEF for sick call if needed				
RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	DOC	CONDITION ON DISCHARGE
10-02-94	AM PM		<input checked="" type="checkbox"/> AMBULANCE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
C. Chalkley	10-29-94			
PATIENT'S NAME (LAST, FIRST, MIDDLE)		AGE	DATE OF BIRTH	R/S AIS #
Thomas, Barry		27	11/20/66	WM 178628

C N610
/87

ALABAMA DEPARTMENT OF CORRECTIONS

RECEIVING SCREENING FORM

INMATES NAME: THOMAS, BARRY DATE: 10/31/94 TIME: 10:30 am
 DOB: 11-20-66 OFFICER: Ben Brown INSTITUTION: BCCF

BOOKING OFFICERS VISUAL OPINION

Yes No

Yes

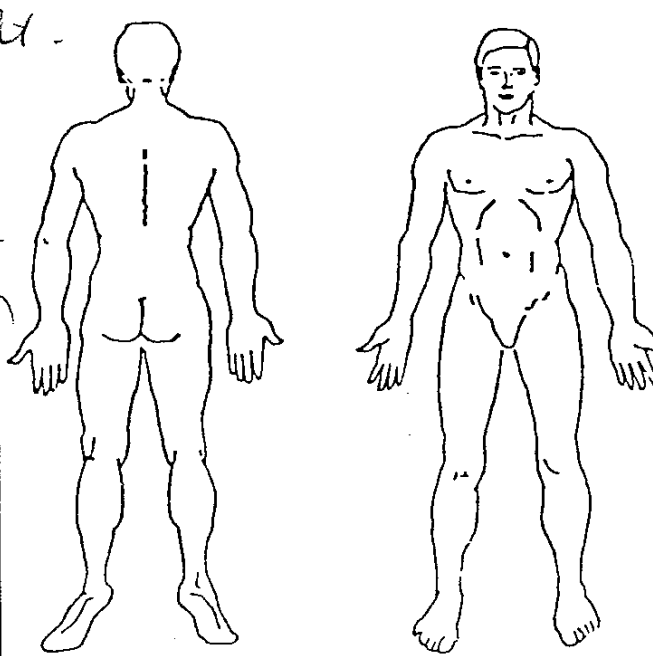
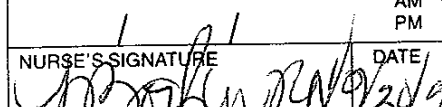
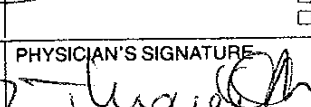
1. Is the Inmate Conscious ? Yes
2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services ?
3. Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care ?
4. Any obvious fever, swollen lymphnodes, jaundice, or other evidence of infection which might spread through the institution ?
5. Is the skin in poor condition or show signs of vermin or rashes ?
6. Does the inmate appear to be under the influence of Alcohol, or Drugs ?
7. Are there any visible signs of Alcohol or Drug withdrawal ? (Extreme perspiration, shakes, nausea, pinpoint pupils etc)
8. Is the inmate making any verbal threats to staff or other inmates ?
9. Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available ?
10. Does the inmate have any obvious physical handicaps ?

IF THE ANSWER IS YES TO ANY QUESTIONS FROM 2 to 10 ABOVE - SPECIFY WHY IN SECTION BELOW

11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? ✓
12. Are you on any special diet prescribed by a physician ? (if yes - what type ?)
13. Do you have a history of venereal disease or abnormal discharge ?
14. Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness ? ✓
15. Have you ever attempted suicide ? (If yes - When ? Sept 13, 94 How ? OVER DOSE) ✓
16. Do you want to do any harm to yourself now ?

DEPARTMENT OF CORRECTIONS

EMERGENCY/ (OTHER) TREATMENT RECORD

DATE 10/20/97	TIME 1125 AM	FACILITY Kelby Inmate	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> OTHER	
ALLERGIES NKA		CONDITION ON ADMISSION <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA		
VITAL SIGNS: TEMP 97.3		ORAL RECTAL	RESP. 20	PULSE 104 B/P 149/90
NATURE OF INJURY OR ILLNESS 3-CP @ dizziness. HRT occasionally. Throat tight. men. SOB. Stress out & anxiety but never this dizzy. 0- Was scared. Moody for counseling but re-solutely stop. Manic depressive dx. NKA A. Anxiety		ABRASION///	CONTUSION #	BURN xx xx
		FRACTURE Z	LACERATION/ SUTURES	
				
ORDERS, MEDICATION, etc.				
DIAGNOSIS				
INSTRUCTIONS TO PATIENT				
RELEASE/TRANSFER DATE	TIME AM PM	RELEASE/TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE 	DATE 10/20/97	PHYSICIAN'S SIGNATURE 	DATE 10/20/97	CONSULTATION
PATIENT'S NAME (LAST, FIRST, MIDDLE) Thomas, Barry		AGE 31	DATE OF BIRTH 11/29/66	R/S WM
		AIS # 178628		

PROBLEM LIST

Name: Thomas Barry
 AIS# 178628

Date of Birth: 11-20-66

Medication Allergies: NKDA

Mental Health Code: SMI HARM HIST NONE Date Code Assigned: 1-29-02
 (Changes in Mental Health Code should be identified on the Problem List)

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
1/19/02	Engorging for mail 1st R		
12/29/02	Correct code <u>HARM</u>		WJL
10/15/02	Constipation		
10/21/02	4th Turn		
7/30/03	<u>HIST</u>	12/23/02	JG
5/10/04	<u>HISTORY</u>		BJ



RELEASE OF RESPONSIBILITY

Inmate's Name: Thomas, BarryDate of Birth: 112066 Social Security No.: AlS 178628Date: 112304 Time: 050 A.M.
P.M.This is to certify that I, thomas, Barry, currently in

(Print Inmate's Name)

custody at the East, am refusing to

(Print Facility's Name)

accept the following treatment/recommendations: Waive CCC - CCC

(Specify in Detail)

Will be deed dt no medication.

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Barry Thomas 178628
(Signature of Inmate)**

RT euh
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

9A43



RELEASE OF RESPONSIBILITY

Inmate's Name: Thomas Barry
 Date of Birth: 11/20/66 Social Security No.: 178628
 Date: 08/30/04 Time: 7:00 pm A.M. P.M.
 This is to certify that I, Thomas Barry, currently in
 custody at the East, am refusing to
 accept the following treatment/recommendations: cccaypt
 (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Barry R Thomas (Signature of Inmate)**
R Teal (Signature of Medical Person)
 (Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS

_____ Diet

_____ Medication

☒ Treatment

SPECIFIC

ADA _____

CARDIOVASCULAR _____

ALT. G.I. _____

OTHER _____

INFECTIOUS _____

ACUTE _____

CHRONIC _____

PSYCHIATRIC _____

OTHER _____

BLOOD PRESSURE _____

DRESSING _____

ACCUCHECK _____

OTHER *acc apt*

ACTION TAKEN BY NURSING:

☒ Counseling

_____ Discontinue Medication

_____ Re-assign Schedule

_____ Placed on sick call

_____ Inform MH Department

_____ M.A.R. Review

ACTION TAKEN BY PRESCRIBERS:

_____ Physician

_____ P.A.

_____ Psychiatrist

_____ Counseling

_____ Discontinue Meds

_____ Discontinue Tx

_____ Change Meds

OTHER _____

ACTION TAKEN BY INMATE:

_____ Treatment Refusal Signed

_____ Explanation of Non-Compliance

_____ Refuses to sign

08304 RTeach Barry Thomas

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.
<i>Thomas, Barry</i>	<i>178628</i>	<i>11/20/66</i>	<i>WM</i>	<i>East</i>

PHS-MD-70057

PRISON HEALTH SERVICES, INC.

HEALTH EVALUATION

I. HISTORY - (LPN or RN)

YES

NO

COMMENT(S)

Weight Change (greater 15 lbs.)

(Compare Weight Below)

Persistent Cough

Chest Pain

Blood in Urine or Stool

Difficult Urination

Other Illnesses (Details)

Smoke, Dip or Chew

ALLERGIES

Weight 182 Temp 97 Pulse 84 Resp 20 Blood Pressure 102/55
 Eye Exam: 20/30 OD 20/40 OS 20/100 OU

If greater than > 140/60, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING - (LPN or RN)

RESULTS

Tuberculin Skin Test (q yr)

Past Positive TB Skin Test →
 (Chest x-ray if clinical symptoms)

RPR (q 3 yrs)

EKG (baseline at 35, over 45 q 3 yrs)

Cholesterol (at 35 then q 5 yrs)

Finger Stick Blood Sugar

* If > than 200 repeat Finger Stick BS within 48 hours

Optometry Exam (@ 50 if not already seen)

Mammogram

(females @ 40, q 2 yrs/other M.D. order)

Date given 5-19-07 Site QFA
 Read on 5-21-07 Results 20 mm

Survey Completed

Date _____ Results _____

Date 5-22-06 Results NRDate 11-27-09 Results NSRDate 11/29/09 Results 253Results 97

Results _____

Date _____ Results _____

III. PHYSICAL RESULTS - (RN, Mid-Level, M.D.)

Heart

Lungs

Breast Exam

Rectal (yearly after 45)

with Hemoccult

Pelvic and PAP (q 1 yr)

RRR

clear, equal bilaterally

instructed

Results _____

Results _____

Date _____

Results _____

Facility ELF Nurse Signature [Signature]Date 5-19-07M.D. or Mid-Level Signature [Signature]Date 5/1/07

INMATE NAME

AIS#

D.O.B.

RACE/SEX

Thomas, Barry17862811-20-66W/M



HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	_____
Persistent Cough		✓	_____
Chest Pain		✓	_____
Blood in Urine or Stool		✓	_____
Difficult Urination		✓	_____
Other Illnesses (Details)		✓	_____
Smoke, Dip or Chew		✓	_____
ALLERGIES		✓	NKA

Weight 174# Temp 98° Pulse 76 Resp 16 Blood Pressure 120/84
 Eye Exam: 20/150D 20/50 OS 20/50 OU
 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given <u>5-20-06</u> Site <u>LEA</u>
Past Positive TB Skin Test (Chest x-ray if clinical symptoms)	Read on <u>5/22/06</u> Results <u>0</u> mm
RPR (q 3 yrs)	Survey Completed _____
EKG (baseline at 35, over 45 q 3 yrs)	Date _____ Results _____
Cholesterol (at 35 then q 5 yrs)	Date <u>5-20-06</u> Results <u>penkin</u>
Finger Stick Blood Sugar	<u>11-04</u> <u>11-29-04</u> Results <u>100</u>
* If > than 200 repeat Finger Stick BS within 48 hours	Results _____
Optometry Exam (@ 50 if not already seen)	_____
Mammogram	Date _____ Results _____
(females @ 40, q 2 yrs/other M.D. order)	

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart	<u>RRR</u>
Lungs	<u>cl. btl.</u>
Breast Exam	<u>Instructed</u>
Rectal (yearly after 45)	Results <u>N/A</u>
with Hemoccult	Results <u>N/A</u>
Pelvic and PAP (q 1 yr)	Date _____ Results _____

Facility East Nurse Signature Phyllis R Date 5-20-06

M.D. or Mid-Level Signature [Signature] Date 5/22/06

INMATE NAME	AIS#	D.O.B.	RACE/SEX
<u>Thomas B...</u>	<u>178678</u>	<u>11/20/66</u>	<u>W.</u>



YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)	_____	✓	_____
Persistent Cough	_____	✓	_____
Chest Pain	_____	✓	_____
Blood in Urine or Stool	_____	✓	_____
Difficult Urination	_____	✓	_____
Other Illnesses (Details)	_____	✓	_____
Smoke, Dip or Chew	✓	_____	_____
ALLERGIES	_____	✓	_____

Weight 180 Temp 97.8 Pulse 74 Resp 18 Blood Pressure 110/80
 Eye Exam 20/20 OD 20/40 OS 20/50 OU
 If greater than > 140/90, repeat in 1 hour.
 Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN)

RESULTS

✓ Tuberculin Skin Test (q yr)
 Past Positive TB Skin Test →
 (Chest x-ray if clinical symptoms)
 RPR (q 3 yrs)
 ✓ EKG (baseline at 35, over 45 q 3 yrs)
 Cholesterol (at 35 then q 5 yrs)
 Tetanus/Diphtheria (q 10 yrs)
 (if done today)
 Optometry Exam (@ 50 if not already seen)
 Mammogram
 (females @ 40, q 2 yrs/other M.D. order)

Date given 11/27/04 Site LT. FA
 Read on 11/29/04 Results 0 mm
 Survey Completed
 Date _____ Results _____
 Date 7-3-03 Results OK

 Last Given 3/00 Due _____
 Site given _____ Dose _____ Lot # _____
 Date 11/11 Results _____
 Date _____ Results _____

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart
 Lungs
 Breast Exam
 Rectal (yearly after 45)
 with Hemocult
 Pelvic and PAP (q 1 yr)

RRA
Clear
 Results _____
 Results _____
 Date _____ Results _____

Facility Eastwin Nurse Signature A. Ewing RN Date 11-27-04

M.D. or Mid-Level Signature _____ Date _____

INMATE NAME	AIS#	D.O.B.	RACE/SEX
<u>Thomas, Barry</u>	<u>178628</u>	<u>11/20/60</u>	<u>W/M</u>

PERIODIC HEALTH ASSESSMENT

1. HISTORY - (Nurse) YES NO COMMENTS

Weight Change (>15 lb.) ✓ Last Weight at least 6 mo.'s ago: 184

(Compare Weight Below)

Persistent Cough ✓

Chest Pain ✓

Blood In Urine or Stool ✓

Difficult Urination ✓

Other Illnesses (Details) ✓

Smoke, Dip or Chew ✓

ALLERGIES ✓

Weight 182 Temp. 98.9 Pulse 72 Resp. 18 B.P. 114/76

Eye Exam Without Glasses OD 29/50 OS 29/40 OU

With Glasses OD OS OU

II. TESTING (Nurse) RESULTS

✓ Tuberculin Skin Test (q yr.) Date Given 3-15-01 Site Lt. arm

(chest x-ray if clinical symptoms) Read On 3-17-01 Results 0 mm

RPR (q 3 yrs.) Date 3-14-00 Results NR

✓ Urine Dip (yearly) Results 3-15-01

(Glu., Prd., RBC., WBC.) Negative

EKG (baseline at 35, over 45 q 3 yrs.) N/A

Cholesterol (at 35 then q 5 yrs.) N/A

Tetanus/Diphtheria (q 10 yrs.) Last Given 9/04 Due 8004

If Done Today: Site Given N/A Dose N/A Lot # N/A

III. PHYSICAL RESULTS

Heart Regular

Lungs clear

Breast (q 2 yrs. p 30) Date 3-15-01 Results negative

Rectal (yearly p 45) Results N/A

With Hemocult Results N/A

Pelvic and PAP (q 1 yr.) Date N/A Results N/A

Inmate Name Thomas, Larry Randall AIS # 178628

DOB 11-20-66 Age 34 Race W Sex M SSN 423-02-7670

Emergency Addressee none James Alexander Phone # 272-6870

Address 11 Astor Drive Montgomery 36109

Facility KCF Nurse Signature [Signature] Date 3-15-01

Physician Signature [Signature] Date 3-27-01

KFD71

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse)

YES NO COMMENTS

Weight Change (>15 lb.) ✓ Last Weight at least 6 mo.'s ago:
 (Compare Weight Below)
 Persistent Cough ✓
 Chest Pain ✓
 Blood In Urine or Stool ✓
 Difficult Urination ✓
 Other Illnesses (Details) ✓
 Smoke, Dip or Chew ✓
 ALLERGIES ✓

Weight 184 Temp. 98.3 Pulse 62 Resp. 16 B.P. 118/84
 Eye Exam Without Glasses OD 20/30 OS 20/30
 With Glasses OD OS OU

II. TESTING (Nurse)

RESULTS

Tuberculin Skin Test (q yr.) Date Given 3/14/00 Site Lt AR
 (chest x-ray if clinical symptoms) Read On 3/17/00 Results 0 mm
 RPR (q 3 yrs.) Date 3/14/00 Results
 Urine Dip (yearly) Results neg
 (Glu., Prd., RBC., WBC.) neg
 EKG (baseline at 35, over 45 q 3 yrs.) N/A
 Cholesterol (at 35 then q 5 yrs.) N/A
 Tetanus/Diphtheria (q 10 yrs.) Last Given 9/94 Due 2004
 If Done Today: Site Given Dose Lot #

III. PHYSICAL

RESULTS

Heart Reg
 Lungs Clear
 Breast (q 2 yrs. p 30) Date NA Results
 Rectal (yearly p 45) Results N/A
 With Hemocult Results N/A
 Pelvic and PAP (q 1 yr.) Date NA Results

Inmate Name Thomas, Barry R. AIS # 178628
 DOB 11/20/64 Age 33 Race W Sex M SSN 423027670
 Emergency Addressee Phone #
 Address
 Facility Kilby Nurse Signature B. Williams Date 3/14/00
 Physician Signature Date

208
CAM

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse) YES NO COMMENTS

Weight Change (>15 lb.) _____ / Last Weight at least 6 mo.'s. ago: _____

(Compare Weight Below)

Persistent Cough _____ /

Chest Pain _____ /

Blood In Urine or Stool _____ /

Difficult Urination _____ /

Other Illnesses (Details) _____ /

Smoke, Dip or Chew _____ /

ALLERGIES _____ /

Weight 180 Temp. 97.8 Pulse 78 Resp. 18 B.P. 120/20

Eye Exam: Without Glasses OD 20/20 OS 20/20 OU 20/20

With Glasses OD _____ OS _____ OU _____

II. TESTING - (Nurse) RESULTS

Tuberculin Skin Test (q yr.) Date Given 1/26/99 Site left arm

(chest x-ray if clinical symptoms) Read On 1/28/99 Results 0 mm

RPR (q 3 yrs.) Date 12/8/97 Results NR

Urine Dip (yearly) Results neg

(Glu., Pro., RBC., WBC.)

EKG (baseline at 35, over 45 q 3 yrs.) _____

Cholesterol (at 35 then q 5 yrs.) _____

Tetanus/Diphtheria (q 10 yrs.) Last Given 9/21/94 Due 9/21/2004

If Done Today: Site Given _____ Dose _____ Lot # _____

III. PHYSICAL RESULTS

Heart off

Lungs clear

Breast (q 2 yrs. p 30) Date _____ Results _____

Rectal (yearly p 45) Results _____

With Hemocult Results _____

Pelvic and PAP (q 1 yr.) Date _____ Results _____

Inmate Name Thomas Barry AIS # 178628

DOB 1/20/66 Age _____ Race W Sex M SSN 423-02-7670

Emergency Addressee _____ Phone # _____

Address _____

Facility KCF Nurse Signature Katie Bailey Date 1/26/99

Physician Signature _____ Date _____

PERIODIC HEALTH ASSESSMENT

I. HISTORY	YES	NO	COMMENTS
WEIGHT CHANGE (>15 LBS.)	—	✓	_____
PERSISTENT COUGH	—	✓	_____
CHEST PAIN	—	✓	_____
BLOOD IN URINE OR STOOL	—	✓	_____
DIFFICULT URINATION	—	✓	_____
ALLERGIES TO MEDS	—	✓	_____
SMOKING	—	✓	_____
OTHER ILLNESS (DETAILS)	—	✓	_____

II. PHYSICAL	RESULTS
HEART	_____
LUNGS	_____
PELVIC AND PAP (q 1 yr.)	DATE _____ RESULTS _____
BREAST (q 2 yrs p 30)	DATE _____ RESULTS _____
WEIGHT <u>184</u> RESP. <u>18</u>	B/P <u>120/70</u> PULSE <u>76</u> TEMP. <u>98.4</u>
RECTAL WITH HEMOCULT (yearly p 45)	_____

III. TESTING	RESULTS
TUBERCULIN SKIN TEST (q yr.)	DATE GIVEN: <u>12/5/97</u> READ: <u>12/8/97</u>
RPR (q 3 yrs.)	RESULTS <u>non</u>
URINE DIP (yearly)	DATE: <u>12/8/97</u> RESULTS: _____
(GLU., PRO., RBC, WBC)	<u>neg</u>
MAMMOGRAM (40 and over q 2 yrs.)	DATE <u>N/A</u>
EKG (baseline at 35, over 45, q 3 yrs)	<u>N/A</u>
CHOLESTEROL (q 5 yrs.)	<u>N/A</u>
TETANUS / DIPHTHERIA (q 10 yrs.)	<u>9/21/94</u>

NURSE'S SIGNATURE Katie Bailey DATE 12/5/97

FACILITY KCF PHYSICIAN'S SIGNATURE TM

EMERGENCY ADDRESSEE _____ TELEPHONE # _____

ADDRESS _____

DOB 11/20/66 AGE 31 RACE W SEX M SSN 423-02-7670

INMATE'S NAME Thomas, Barry AIS# 178628

CM S 155 B

KCB 19

PERIODIC HEALTH ASSESSMENT

I. HISTORY	YES	NO	COMMENTS
WEIGHT CHANGE (>15 LBS.)	—	✓	
PERSISTENT COUGH	—	✓	
CHEST PAIN	—	✓	
BLOOD IN URINE OR STOOL	—	✓	
DIFFICULT URINATION	—	✓	
ALLERGIES TO MEDS	—	✓	
SMOKING	—	✓	
OTHER ILLNESS (DETAILS)	—	—	

II. PHYSICAL

RESULTS

HEART	DATE	RESULTS
LUNGS	DATE	RESULTS
PELVIC AND PAP (q 1 yr.)	DATE	RESULTS
BREAST (q 2 yrs p 30)	DATE	RESULTS
WEIGHT 179 RESP. 18	B/P 118/82	PULSE 84 TEMP. 97.6
RECTAL WITH HEMOCULT (yearly p 45)	DATE	RESULTS

III. TESTING

RESULTS

TUBERCULIN SKIN TEST (q yr.)	DATE GIVEN: 10-31-96	READ: _____
RPR (q 3 yrs.)	RESULTS	DATE: 9-22-94
URINE DIP (yearly)	RESULTS: _____	DATE: 10-31-96
(GLU., PRO., RBC, WBC)	DATE	RESULTS
MAMMOGRAM (40 and over q 2 yrs.)	DATE	RESULTS
EKG (baseline at 35, over 45, q 3 yrs)	DATE	RESULTS
CHOLESTEROL (q 5 yrs.)	DATE	RESULTS
TETANUS / DIPHTHERIA (q 10 yrs.)	DATE	RESULTS

NURSE'S SIGNATURE [Signature] DATE 10/31/96

FACILITY [Signature] PHYSICIAN'S SIGNATURE [Signature]

EMERGENCY ADDRESSEE _____ TELEPHONE # _____

ADDRESS _____

DOB 11/20/66 AGE 30 RACE W SEX M SSN 423-02-7670

INMATE'S NAME Thomas, Barry AIS# 178628

CM S 155 B